Ministry of Health

Annual Report 1986/87

Province of
British Columbia

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Ministry of Health

Annual Report 1986/87

Honourable Peter A. Dueck
Minister of Health

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Office of the Minister of Health
Parliament Buildings, Victoria, B.C.

June, 1988

The Honourable ROBERT GORDON ROGERS
Lieutenant-Governor of the Province of British Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for 1986/87 is herewith respectfully submitted.

Peter A. Dueck
Minister of Health

Ministry of Health
Victoria, B.C.

June, 1988

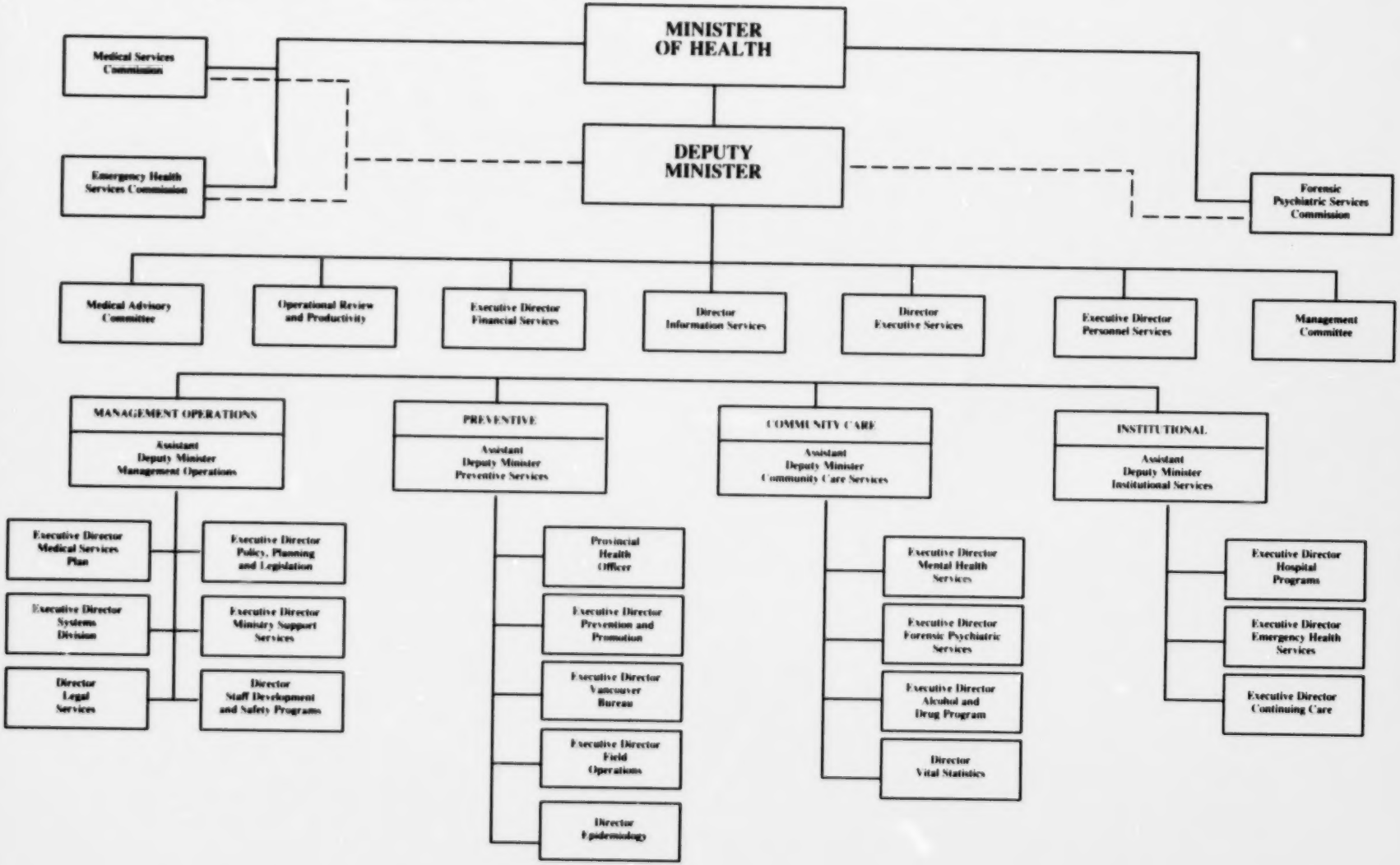
The Honourable Peter A. Dueck,
Minister of Health,
Victoria, B.C.

Sir:

I have the honour to submit the Annual Report of the Ministry of Health for 1986/87.

S. P. Dubas
Deputy Minister of Health

Ministry Organization as at March 31, 1987



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ACTS UNDER THE JURISDICTION OF THE MINISTER OF HEALTH

Anatomy Act

Chiropractors Act

Community Care Facility Act

Dental Technicians Act

Dentists Act

Forensic Psychiatry Act

Health Act

Health Emergency Act

Health Science Centre (UBC) Act

Hearing Aid Act

Heroin Treatment Act

Hospital Act

Hospital (Auxiliary) Act

Hospital District Act

Hospital Insurance Act

Hospitals Amalgamation Act

Human Tissue Gift Act

Marriage Act

Medical Practitioners Act

Medical Service Act

Medical Service Plan Act, 1981

Mental Health Act

Ministry of Health Act

Name Act

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Nurses (Licensed Practical) Act

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Nurses (Registered) Act

Optometrists Act

Pharmacists Act

Physiotherapists Act

Podiatrists Act

Psychologists Act

Public Toilet Act

Tuberculosis Institution Act

Venereal Disease Act

Vital Statistics Act

Wills Act (Part II)

Management Operations

MANAGEMENT OPERATIONS

Management Operations is responsible for providing support services to the programs of the Ministry, and for corporate management of Ministry affairs. The Medical Services Plan of British Columbia and Pharmacare are also the responsibility of Management Operations.

Ministry Support Services

Ministry Support Services is responsible for a range of support services to all segments of the Ministry, including Provincial health units, mental health centres, government hospitals and institutions, and a variety of health service agencies and societies.

Materiel Management Branch is responsible for Ministry procurement, administration of all Ministry warehousing and distribution services, operation of all industrial manufacturing and repair services, and bulk transportation services. It provides direct service of equipment and supplies for over 500 institutional clients, including Ambulance Services, Preventive Services, Home Care Nursing, and Mental Health Programs.

The Space Planning and Facilities Management Branch is responsible for managing the Ministry's annual budget for accommodation provided through the British Columbia Buildings Corporation. The Branch is responsible for ensuring that the Ministry receives the best possible value for Occupancy Funds provided for the housing of Ministry personnel in a wide range of accommodation, in more than 500 facilities dispersed over all parts of the Province.

Management Services Branch is responsible for providing general support to facilitate the efficient delivery of health services to the public. Included are management engineering, forms management, vehicle fleet management, communications, printing, mail, records management, asset management, and the Speech and Hearing Technical Laboratory. There is active participation in the British Columbia Hearing Aid Program through the provision of specialty hardware, technical expertise, and hearing aid supplies.

Significant accomplishments during 1986/87 include:

- Privatization of the services provided to the Renal Dialysis Program which was assumed by the firm of Baxter Travenol.
- A short term plan for the consolidation and upgrading of the Riverview Hospital was approved. Plans were developed for the construction of new Health Centres at Vanderhoof and Salmon Arm.
- Relocation or renovation programs provided for the operational needs of the Ministry both in the field and at headquarters. Included were 19 health services facilities; 12 ambulance stations; accommodation for the re-structured Community Care Services Program in 20 locations; and the provision of space for new health services programs.
- A Records Management program was introduced to the Ministry with implementation proceeding on a gradual Branch by Branch basis.
- To enhance further the new telephone facility installed at Riverview, a new cabling system was installed on site.

Financial Services

Financial Services is responsible for developing, implementing and operating the Ministry's fiscal management and control systems. This is accomplished through the operation of four branches within the Division: Financial Analysis, Planning and Budgets; Financial Policy and Internal Monitoring; Accounting Operations and the Vancouver Regional Office.

Legal Services

Legal Services provides professional legal advice to the Ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

The lawyers in the Branch are either employed by, or under contract to, the Ministry of Attorney General.

Systems Division

The purpose of the Systems Division is to improve and maintain the quality of operational and management information available to the Ministry and, where appropriate, to external contacts of the Ministry. The Division provides consulting services, systems analysis, systems maintenance and operational systems support to all Ministry programs.

In 1986/87, the Ministry continued to introduce new operational systems and to refine existing systems. The Ministry continued to focus on systems activities related to the improvement of monitoring and management information.

Major activities in the 1986/87 fiscal period included the extension of systems capabilities to Ministry field and regional operations; significant enhancements to the Medical Services Plan statistics system related to the monitoring of fee for service payments to medical practitioners; initiation of a major project to automate clinical and laboratory activities of the British Columbia Centre for Disease Control; initiation of a major project to provide automation capabilities at Riverview Hospital, and major enhancements to the Hospital Information Management System, and to the Continuing Care Information System.

Personnel Services

The Division provides personnel services and direction in the management of the Ministry's human resources, through major offices in Victoria and Coquitlam, and Regional Offices located in seven communities in the Province.

Personnel supplies leadership in inter-ministry committees dealing with global personnel matters, and in negotiations to establish payment levels for fee for service health care professionals operating under the Medical Services Plan.

The year has been particularly active so far as negotiations were concerned. Personnel staff were involved in negotiations with Government Employees and Nurses' Unions, Emergency Health Services Commission (Ambulance) staff, and Salaried Physicians, as well as negotiating agreements with practitioners for services covered under the Medical Services Plan.

The Specialist Personnel branches were assigned major tasks outside of the government service. Labour Relations established effective communications links with the Health Labour Relations Association and Continuing Care Employee Relations Association, thus creating an information mechanism covering the larger number of staff in hospitals and care facilities in the Province.

Northern recruiting was assisted by an innovative bursary program, and pre-employment police record checks began for staff in sensitive areas.

A video presentation on the Ministry was developed and used as part of a new formal orientation program for new employees.

Operational Review and Productivity Branch

The Operational Review and Productivity Branch provides internal independent assessment to senior management as to the efficiency, effectiveness and economy of operations, management controls and information systems in the Ministry.

Policy, Planning and Legislation

The Policy, Planning and Legislation Division is responsible for health economic analysis; health manpower and corporate planning; policy recommendations for Ministerial, inter-Ministerial and inter-Governmental decisions; co-ordination of legislation; and research and evaluation in support of Ministry programs.

The Policy Branch prepared materials for the Deputy Minister and the Minister for Provincial and Federal conferences, developed Cabinet submissions, and supported the Ministry Executive and the Ministry as a whole with a wide range of reports and information. A number of policy and position papers were prepared throughout the year on current issues.

The Legislation section of the Policy Branch co-ordinates the annual legislative program for the Ministry. During the year, miscellaneous amendments were made to two statutes. A number of amendments to 10 other statutes were introduced, but not passed, before the Legislature prorogued. Considerable preparatory work was done for legislation to be introduced during the following year. Amendments to all regulations and rules, and drafting of Orders In Council, other than for appointments to hospital boards, were co-ordinated by the Legislation section.

The Health Economics and Planning Branch conducted a number of projects relating to the utilization and funding of health care. Corporate planning in the Ministry was supported through updated environmental assessments, the development of internal strategy papers and continued progress in determining and developing Ministry-wide planning information.

The Branch also funded the Health Manpower Research Unit of the University of British Columbia, and staff served on the Health Manpower Working Group, which reports to the Deputy Minister of Health, and includes representatives from the Ministries of Advanced Education and Job Training, and Finance and Corporate Relations. This group gathers and evaluates relevant data on health manpower, and facilitates appropriate manpower studies so that the Ministry of Health can co-ordinate its present and future needs with other Ministries. The biennial publication ROLLCALL UPDATE 86 was completed, which presents an inventory of the numbers, distribution and characteristics of various health professional groups.

The Research and Evaluation Branch provided research, statistical analysis, and evaluation services to various programs within the Ministry. Completed projects included an economic effectiveness analysis of extracorporeal lithotripsy, a referendum among employees on a smoke-free policy, and a health risk factor survey. Scientific literature reviews were provided on issues relating to child development centres, peer counselling for the elderly, abortion, and hospice care. A further $60,000 was obtained from National Health and Welfare for the evaluation of digital diagnostic imaging at the Victoria General Hospital. Continuing projects also include evaluations of the deinstitutionalization of Tranquille residents; of a Keep Well counselling program to assist elderly citizens to remain outside of facility care; and of risk factors in the transmission of giardiasis. In prospect are a major survey of adolescent substance abuse and an evaluation of a counselling program to prevent the spread of AIDS.

Information Services Branch

The Information Services Branch is responsible for developing and implementing the Ministry's public information programs.

The Branch co-ordinates media relations for the Ministry, prepares news releases, speeches and other editorial material, and co-ordinates the production of publications, displays and audio-visual materials to promote a healthy lifestyle and to explain Ministry programs and services. It also operates the Ministry's main library and co-ordinates the Suggestion Awards Program within the Ministry.

During 1986/87, Information Services was closely involved in the development of two major public information campaigns. The "Partners in Health" campaign was aimed at increasing public awareness of British Columbia's health system and the need to use physi-

cians' services responsibly. The campaign comprised four television commercials, broadcast from January to March, 1986, and a brochure distributed through doctors' offices and community health unit offices.

A second campaign was aimed at informing the general public about AIDS (Acquired Immune Deficiency Syndrome). This campaign included preparation of brochures for the general public and for health-care workers, a series of radio announcements, and prominent advertising placed in all of the province's daily newspapers.

Staff Development and Safety Programs

These programs continued active operation at Ministry headquarters and at Riverview Hospital, with service to the regions when resources permitted.

The Human Resource Development Centre - Lower Mainland developed and delivered a wide range of clinical programs to meet the needs of Ministry health care institutions.

The Staff Development office in Victoria spearheaded the "Toward Excellence" program which was offered to all management staff. Several programs were developed and delivered to supervisory and administrative support staff, including developmental word processing for data entry staff.

The focus of the Safety Programs was Province-wide, working with Safety Committees to prevent accidents and injury in the workplace; and with Workers' Compensation Board to assist and rehabilitate injured workers. A driver training program was developed and delivered.

Medical Services Plan

MEDICAL SERVICES PLAN

On July 1, 1968, British Columbia established a universal Medical Services Plan, administered and operated in accordance with the *Medical Service Act* and Regulations, under the supervision of the Medical Services Commission. The Commission is empowered to function as the public authority appointed by the Provincial Government to be responsible to the Minister of Health for the administration and operation of the Plan established under the regulations. The senior official responsible for the over-all operation of the Plan is the Executive Director.

The Medical Services Plan provides payment for all medically required services of physicians and surgeons and for specified dental surgery when necessarily performed in hospital by a dental surgeon. The Federal Government contributes to the cost of this basic coverage. The Provincial Government has, at its own expense, added various extra health benefits, including chiropractic, podiatry, optometry, physiotherapy and massage treatments, and naturopathic medicine.

The Medical Services Plan:

(a) registers all subscribers;

(b) collects premiums, either directly or through employers;

(c) provides a program of premium assistance for specified low-income earners; and

(d) provides reimbursement to qualified practitioners for insured (medically required) services rendered to eligible subscribers.

The Medical Services Plan is funded approximately 39% by premiums, with the balance from Provincial consolidated revenue and the Federal Government.

Payment for the services provided is made on a fee-for-service basis, according to a tariff of fees approved by the Commission, or on a salaried, sessional, or contract basis at levels approved by the Commission.

In 1986/87 premium assistance, at 50% and 90%, depending on the previous year's taxable income, was available for persons who are eligible under the *Medical Service Act*. Premium assistance was provided to approximately 20% of all persons covered by the Plan in 1986/87.

Statistical Highlights

The total expenditure for insured services under the Medical Services Plan for 1986/87 increased by $74,518,427, or 8.39%, over 1985/86. Total Plan expenditure, including administrative costs, increased by $70,461,751, or 7.69%, over the previous year. Total expenditures over the past 10 years have grown by 214.76%.

Payments for medical services reimbursed on a fee-for-service basis rose by 7.98% from 1985/86 and by 216.89% from 1976/77. Payments for supplementary benefits increased by 13.85% from 1985/86 and by 282.72% from 1976/77.

The number of physicians claiming payment from the Plan increased by 2.6% from 1985/86 and the number of supplementary benefit practitioners rose by 8.5% from 1985/86.

On a regional basis, the average cost per capita was $332.76 for the Capital Region, followed by $322.97 for Greater Vancouver. The lowest medical services cost was seen in the North region at $200.54 per capita. The Provincial average was $283.61. Other regional per capita costs were: Okanagan–Kootenays $256.99; Vancouver Island and Coast $245.70; Fraser Valley $237.14; and the Central Interior, $214.06.

Medical services utilization differs by region in part due to age distribution of the population within the region: the Capital and Greater Vancouver regions have relatively high proportions of elderly persons — 18.1% and 12.3% over 65 years of age respectively, compared with the provincial average of 12.1%.

Access to medical services will also influence utilization; the Capital region has a ratio of population to physician of 375:1, while the North region has a ratio of 840:1. The Provincial average was 489:1, compared with the Canadian average of 565:1 for calendar year 1986.

Note regarding interpretation of the following statistical tables: Since all tables related to claims payments for the two years 1985/86 and 1986/87 were compiled on a cash basis, the data is not truly comparable with audited year-end financial statements which are based on accrual accounting.

TABLE 1

Personnel deployment within the Medical Services Plan during 1986/87 was distributed among the departments as follows:

Branch	Numbers	Percentage
Registration and Premium Billing	169.6	33.1
Claims Processing	179.5	35.0
Data Entry	117.6	23.0
Remaining Divisions[1]	45.6	8.9
Total	512.3	100.0

[1] Includes Plan Operations/Support Services, Salaried/Sessional, Vancouver Office, Executive Director's Office.

TABLE 2

Medical Services Commission
Summary of Expenditures — 1976/77 to 1986/87[1]

Year	Medical Fee-for-Service	Salaried and Sessional	Supplementary Benefits	Administration	Total
	$	$	$	$	$
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755
1982/83	671,614,777	36,376,585	44,791,468	22,086,006	774,868,836
1983/84	753,796,110	41,462,052	48,927,947	20,556,814	864,742,923
1984/85	771,013,078	41,918,756	53,057,847	25,378,115	891,367,796
1985/86	787,991,552	42,944,957	57,451,700	27,961,373	916,349,582
1986/87	850,845,748	46,651,831	65,409,057	23,904,697	986,811,333

[1] Based on accrual accounting and therefore matches the audited year-end financial statements.
Medical Services Commission expenditures do not include expenses of the Dental Care Plan 1980/81 to 1983/84.

TABLE 3

Medical Services Commission

Fee-for-service payments
Medical practitioners and dental surgery in hospital
Distribution of fee-for-service payments for medical services

Specialty	Amount Paid		Percentage of Total		Cost Per Person[1]	
	1985/86	1986/87	1985/86	1986/87	1985/86[2]	1986/87
	$	$	%	%	$	$
General Practice	318,114,347	338,643,204	40.29	40.08	109.967	116.057
Pathology	86,122,328	97,084,235	10.91	11.49	29.771	33.272
Radiology	61,337,444	64,455,362	7.77	7.63	21.203	22.090
Internal Medicine	60,197,536	65,825,289	7.62	7.79	20.809	22.559
General Surgery	37,142,911	37,869,050	4.71	4.48	12.840	12.978
Ophthalmology	33,829,715	36,104,369	4.28	4.28	11.694	12.373
Anaesthesia	29,982,056	31,592,375	3.80	3.74	10.364	10.827
Obstetrics and Gynaecology	26,596,233	26,702,906	3.37	3.16	9.194	9.151
Psychiatry	23,722,462	25,649,176	3.00	3.04	8.201	8.790
Orthopaedic Surgery	20,941,930	21,902,215	2.65	2.59	7.239	7.506
Paediatrics	15,821,155	15,827,331	2.00	1.87	5.469	5.424
Urology	13,068,547	14,219,973	1.66	1.68	4.518	4.873
Ear, Nose and Throat	12,065,823	12,827,444	1.53	1.52	4.171	4.396
Dermatology	9,076,871	9,834,754	1.15	1.16	3.138	3.371
Neurology	7,604,985	8,467,626	.96	1.00	2.629	2.902
Thoracic Surgery	7,595,618	7,961,863	.96	.94	2.626	2.729
Out-of-Province	6,944,557	7,011,203	.88	.83	2.401	2.403
Plastic Surgery	6,616,907	6,661,789	.84	.79	2.287	2.283
Neuro Surgery	4,196,132	4,341,547	.53	.51	1.451	1.488
Dental Surgery in hospital	3,993,877	4,384,376	.51	.52	1.381	1.503
Nuclear Medicine	2,155,798	2,688,708	.27	.32	.745	.922
Physical Medicine	1,893,413	2,112,297	.24	.25	.655	.724
Microbiology	556,841	1,582,214	.07	.19	.193	.542
Neurology and Psychiatry	270,793	91,172	.03	.01	.094	.031
Osteopathy	188,600	195,038	.02	.02	.065	.067
Paediatric Cardiology	180,509	432,482	.02	.05	.062	.148
Public Health	58,912	51,632	.01	.01	.020	.018
Miscellaneous and Recoveries	(656,836)	385,134	(.08)	.05	(.227)	.132
Total Medical[3]	789,619,464	844,904,764	100.00	100.00	272.960	289.559

[1] Based on insured population at October 1, as derived from Statistics Canada (October 1, 1985 = 2,892,800; October 1, 1986 = 2,917,900).

[2] Modified according to new population estimates.

[3] This detail is based on cash accounting.

TABLE 4

Medical Services Commission

Supplementary benefits, fee-for-service
Distribution of fee-for-service payments for insured service, supplementary benefits

Specialty	Amount Paid		Percentage of Total		Cost per person[1]	
	1985/86	1986/87	1985/86	1986/87	1985/86[2]	1986/87
	$	$	%	%	$	$
Chiropractic	23,029,313	27,288,840	40.09	41.72	7.961	9.352
Physiotherapy and Massage	16,425,605	18,463,110	28.59	28.23	5.678	6.328
Optometric	11,877,418	12,741,172	20.67	19.48	4.106	4.367
Podiatry	4,841,219	5,294,314	8.43	8.09	1.673	1.814
Naturopathic	1,072,773	1,350,970	1.87	2.06	.371	.463
Orthodontic	190,744	213,492	.33	.33	.066	.073
Unclassified	14,628	57,159	.02	.09	.005	.020
Total Benefits	57,451,700	65,409,057	100.00	100.00	19.860	22.417

[1] Based on insured population at October 1, as derived from Statistics Canada (October 1, 1985 = 2,892,800; October 1, 1986 = 2,917,900).

[2] Modified according to new population estimates.

TABLE 5

Medical Services Commission

Distribution of medical fee-for-service, services and payments by type of service

Type of Service	Number of Services		Amount Paid	
	1985/86	1986/87	1985/86	1986/87
General Practice visits:			$	$
Regional examination	9,921,875	10,578,579	174,117,136	191,177,878
Consultation	45,603	44,846	1,829,555	1,798,164
Complete examination	760,119	789,311	30,467,791	31,659,322
Counselling	412,362	419,553	13,967,710	14,293,019
Home visits	152,344	142,124	5,117,994	4,781,773
Emergency visits	454,443	484,565	14,391,027	15,385,586
Institutional visits	1,552,449	1,601,169	23,843,042	25,411,906
Miscellaneous visits	7,468	3,290	272,115	123,995
Visit premiums	441,063	464,160	13,922,453	14,681,620
Subtotals	13,747,726	14,527,597	277,928,823	299,313,263
Specialist visits:				
Consultation	1,244,108	1,291,584	92,628,123	96,292,789
Subsequent visits	742,675	775,029	15,036,538	15,743,894
Counselling; psychotherapy	295,409	308,383	19,433,692	21,127,801
Home visits	1,034	997	36,711	35,485
Emergency visits	39,020	41,798	2,427,740	2,615,580
Institutional visits	806,667	843,031	14,795,035	15,519,265
Miscellaneous visits	14,056	15,524	582,215	546,757
Visit premiums	16	0	500	0
Subtotals	3,142,985	3,276,346	144,940,554	151,881,571
Procedures and other services:				
Anaesthesia	2,660,173	2,760,526	32,284,550	33,621,120
Obstetrics	480,565	485,390	21,246,930	21,549,502
Surgery	568,798	593,474	81,346,472	84,760,850
Minor surgery	484,047	516,506	11,896,945	12,648,252
Unlisted miscellaneous surgery	3,342	4,140	760,778	838,637
Dialysis/Transfusions	56,417	58,647	2,586,691	2,718,781
General services	593,985	610,841	6,510,909	6,687,290
Therapeutic radiation	9,874	10,059	267,711	283,698
Procedural premiums	33,134	35,219	2,632,766	2,809,729
Subtotals	4,890,335	5,074,802	159,533,752	165,917,859
Diagnostic procedures:				
Diagnostic radiology	1,416,458	1,484,838	46,468,743	48,810,458
Diagnostic ultrasound	179,254	205,013	13,661,630	15,530,773
Nuclear medicine	46,242	46,243	5,370,115	6,032,730
Pathology (Category 1)	4,019,433	4,105,563	17,239,937	17,681,570
Pathology (beyond Category 1)	6,290,380	7,025,132	83,492,772	94,424,313
Pulmonary function	68,318	78,196	1,045,063	1,194,685
Electrodiagnosis (ECG, EEG, EMG)	628,535	685,993	10,418,693	11,662,783
Procedural cardiology	40,980	43,822	3,150,510	3,416,977
Other (needle biopsies, 0X99, etc.)	1,046,710	1,116,044	26,973,548	28,972,268
Subtotals	13,736,310	14,790,844	207,821,011	227,726,557
Miscellaneous (recoveries)	0	0	(604,676)	65,514
TOTAL MEDICAL[1]	35,517,356	37,669,589	789,619,464	844,904,764

[1] This detail is based on cash accounting.

TABLE 6

Subscriber statistics
Registrations and persons covered by premium subsidy level[1]

Subsidy (Percentage)	At March 31, 1986		At March 31, 1987	
	Subscribers	Persons	Subscribers	Persons
90%	351,785	536,496	348,792	534,712
50%	16,880	25,862	15,883	23,856
Nil	1,019,920	2,286,929	1,045,692	2,334,168
Total	1,388,585	2,849,287	1,410,367	2,892,736

[1] Coverage data does not include members of the Canadian Armed Forces, R.C.M.P. and inmates of Federal penitentiaries.

TABLE 7

Persons covered by age group[1]

Age Groups	At March 31, 1986 Persons	At March 31, 1987 Persons
0–14	601,653	604,646
15–24	419,182	413,951
25–44	906,063	919,677
45–64	567,401	571,568
65 +	354,986	349,092
Unknown	2	33,802
Total	2,849,287	2,892,736

[1] Coverage data does not include members of the Canadian Armed Forces, R.C.M.P. and inmates of Federal penitentiaries.

TABLE 8A

Non-postgraduate "directory-active" male physicians in British Columbia by RCPSC[1] specialty by age[2]

Specialty	20-29	30-39	40-49	50-59	60-69	70+	Total
Anaesthesia	1	56	75	55	33	4	224
General Practice	122	865	692	473	293	74	2,519
Dermatology	0	9	12	9	11	3	44
Surgery[3]	0	46	91	88	73	35	333
Internal Medicine	0	92	135	87	59	21	394
Neurology	0	16	17	12	2	4	51
Obstetrics and Gynaecology	0	20	37	38	27	7	129
Ophthalmology	0	25	53	32	30	10	150
Orthopaedics/Physical Medicine	0	36	53	37	19	11	156
Otolaryngology	1	12	22	16	14	6	71
Paediatrics	0	28	46	37	25	6	142
Psychiatry	1	41	73	91	48	11	265
Urology	0	14	19	15	11	4	63
Pathology/Medical Microbiology	0	25	43	33	21	6	128
Radiology/Nuclear Medicine	1	36	70	53	46	8	214
Osteopathy/Public Health/Other	0	1	7	9	9	3	29
Total	126	1,322	1,445	1,085	721	213	4,912

[1] Royal College of Physicians and Surgeons of Canada.
[2] Date of record is March, 1987.
[3] This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.
Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 8B

Non-postgraduate "directory-active" female physicians in British Columbia by RCPSC[1] specialty by age[2]

Specialty	20-29	30-39	40-49	50-59	60-69	70+	Total
Anaesthesia	2	16	14	11	3	0	46
General Practice	93	335	140	63	34	3	668
Dermatology	0	2	5	2	0	0	9
Surgery[3]	0	6	0	1	0	0	7
Internal Medicine	0	18	13	6	1	1	39
Neurology	0	1	1	3	0	1	6
Obstetrics and Gynaecology	0	8	4	4	2	0	18
Ophthalmology	0	7	2	0	2	0	11
Orthopaedics/Physical Medicine	0	2	1	0	0	0	3
Otolaryngology	0	2	1	0	0	0	3
Paediatrics	0	13	13	10	7	0	43
Psychiatry	1	24	18	8	15	0	66
Urology	0	0	0	0	0	0	0
Pathology/Medical Microbiology	0	13	14	5	2	0	34
Radiology/Nuclear Medicine	0	15	12	6	0	0	33
Osteopathy/Public Health/Other	0	1	1	1	0	0	3
Total	96	463	239	120	66	5	989

[1] Royal College of Physicians and Surgeons of Canada.
[2] Date of record is March, 1987.
[3] This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.
Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 9

Non-postgraduate "directory-active" physicians in British Columbia by RCPSC[1] specialty by place of graduation[2, 3]

Specialty	B.C.	Other Canada	U.K.	U.S.A.	Other	Total
Anaesthesia	64	107	63	1	35	270
General Practice	908	1,368	504	52	355	3,187
Dermatology	9	31	8	1	4	53
Surgery[4]	44	190	53	7	46	340
Internal Medicine	63	223	64	19	64	433
Neurology	12	22	9	2	12	57
Obstetrics and Gynaecology	20	56	39	2	30	147
Ophthalmology	17	94	26	2	22	161
Orthopaedics/Physical Medicine	22	77	29	2	29	159
Otolaryngology	10	35	12	0	17	74
Paediatrics	13	60	44	9	59	185
Psychiatry	33	144	59	10	85	331
Urology	13	34	8	1	7	63
Pathology/Medical Microbiology	29	73	28	5	27	162
Radiology/Nuclear Medicine	29	131	43	1	43	247
Osteopathy/Public Health/Other	4	11	13	1	3	32
Total	1,290	2,656	1,002	115	838	5,901

[1] Royal College of Physicians and Surgeons of Canada.
[2] Date of record is March, 1987.
[3] Initial medical degree.
[4] This includes General Surgery, Plastic Surgery, Thoracic Surgery and Neurosurgery.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 10

Medical services utilization in British Columbia by age of patient, by sex of patient—1986/87

Age Group	Cost per Capita		
	Males	Females	Total
	$	$	$
0–9	190.92	184.10	187.61
10–19	136.83	174.22	155.08
20–29	137.42	350.04	244.37
30–39	169.62	348.96	259.49
40–49	213.56	328.64	270.11
50–59	291.87	346.46	318.66
60–69	445.31	413.42	428.23
70+	684.97	578.10	623.05
All Ages	238.04	328.32	283.61

[1] Dental surgery in hospital and payments for out-of-province services not included.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 11

Medical services cost per capita in British Columbia by type of practice, by patient sex—1986/87

Type of Practice	Males	Females	Total
	$	$	$
Anaesthesia	10.69	12.60	11.65
General Practice	91.20	134.68	113.15
Dermatology	2.99	3.76	3.38
Surgery[1]	18.67	18.22	18.44
Internal Medicine	21.36	19.84	20.59
Neurology	2.94	3.34	3.14
Obstetrics and Gynaecology	0.10	17.52	8.89
Ophthalmology	10.83	14.25	12.56
Orthopaedics/Physical Medicine	8.17	8.39	8.28
Otolaryngology	4.82	4.07	4.44
Paediatrics	4.44	4.63	4.54
Psychiatry	6.74	10.68	8.73
Urology	7.15	2.51	4.81
Pathology/Medical Microbiology	28.56	44.62	36.67
Radiology/Nuclear Medicine	19.35	29.13	24.28
Osteopathy/Public Health/Other	0.05	0.09	0.07
TOTAL	238.04	328.32	283.61

[1] This includes General Surgery, Plastic Surgery, Thoracic surgery and Neurosurgery.

Prepared by: The Health Manpower Research Unit, University of British Columbia.

TABLE 12

Population per Non-Postgraduate Directory Active Physician in B.C. by region

Region[1]	Physicians[2]	Population[3]	Ratio
North	296	248,647	840:1
Central Interior	279	199,336	714:1
Okanagan-Kootenays	535	336,187	628:1
Lower Mainland (Fraser Valley)	375	299,002	797:1
Greater Vancouver (GVRD)	3,305	1,266,144	383:1
Vancouver Island and Coast	405	269,437	665:1
Capital (CRD)	706	264,612	375:1
British Columbia	5,901	2,883,365	489:1
Canada[4]	45,593	25,738,000	565:1

[1] Seven Macro-Regions were constructed by aggregation of Regional Hospital Districts.

[2] Date of record is March, 1987.

[3] 1986 census data.

[4] Source of data: Health and Welfare Canada. Population and Practitioner counts as at December 31, 1986.

Prepared by: Health Manpower Research Unit, University of British Columbia.

FIGURE 1 — MSP Expenditures and Inflation Index (1979/80 = 100)

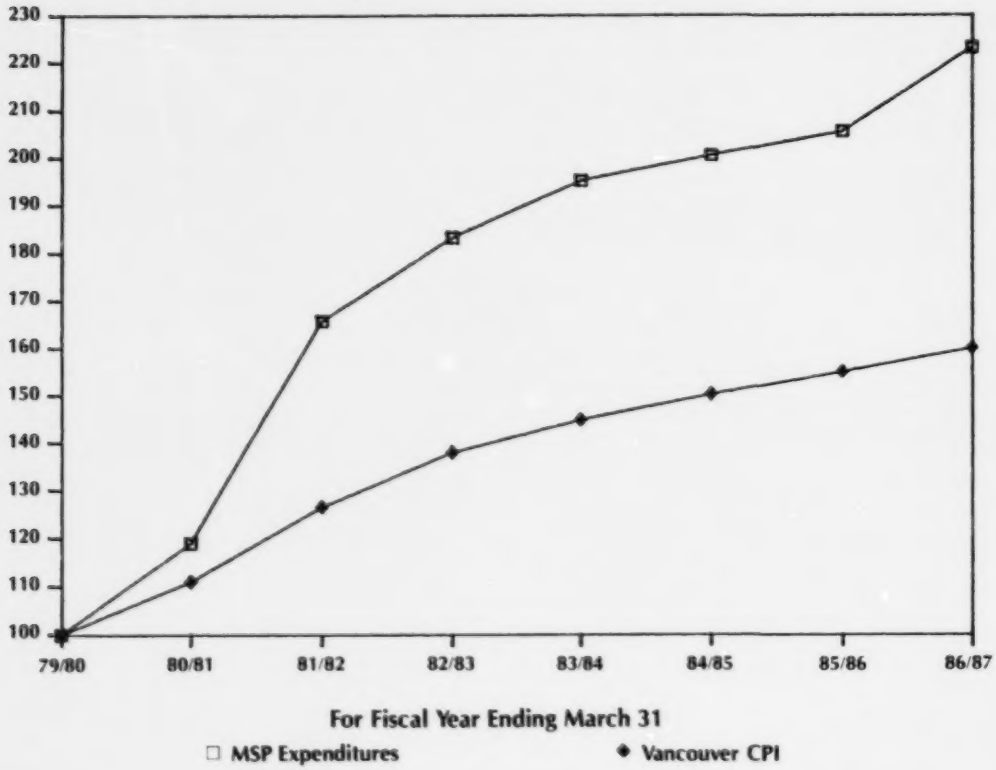
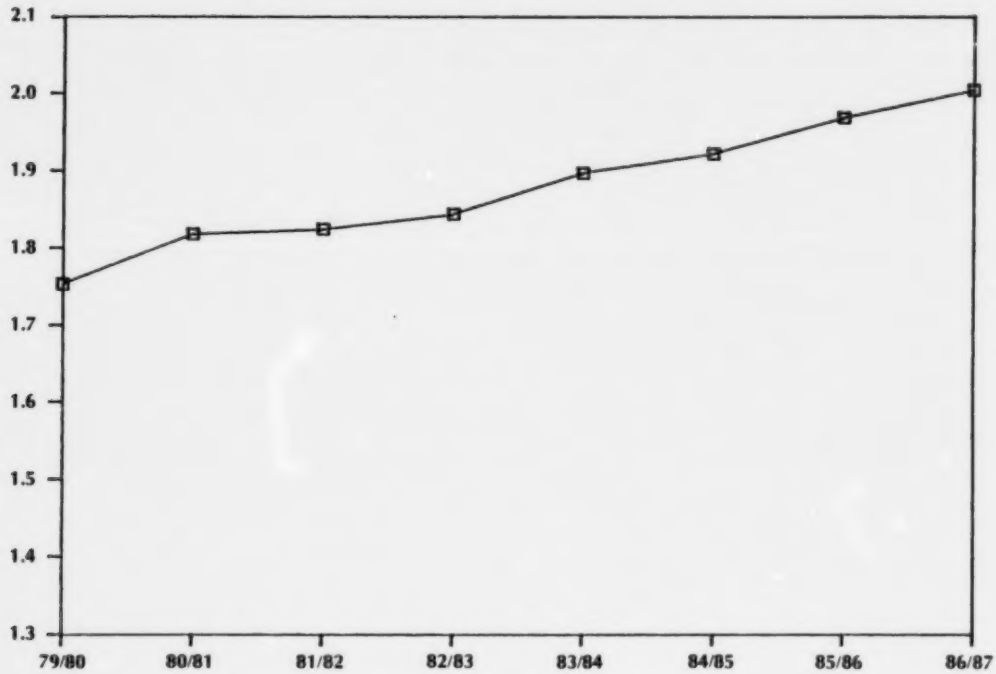


FIGURE 1 British Columbia Medical Costs and Inflation.

Medical Services Plan expenditures have generally increased more rapidly than the consumer price index since the early 1970s, despite noticeable slowdowns in medical spending growth in 1976/77 and 1984/85. From 1975/76 to 1986/87, medical services spending climbed an average of 12.8% annually, compared with average annual inflation of only 7.6%.

FIGURE 2 — B.C. Physicians Per Thousand Population



LEGEND: Number of Physicians[1] per thousand Provincial Population[2], 1970/71 to 1986/87.

The population of the province grew by 0.7% in 1986/87 over 1985/86 and by 0.9% in 1985/86 over 1984/85.

The growth of medical practitioners grew by 2.6% in 1986/87 and 3.5% in 1985/86. If 1986/87 physician density had been the same as in 1970/71, there would have been 1,230 fewer physicians billing the Medical Services Plan.

[1] Number of physicians receiving any payment from the Medical Services Plan.
[2] Statistics Canada data as of July 1.

Preventive Services

PREVENTIVE SERVICES

Preventive Services is the program of the Ministry of Health dedicated to promoting positive lifestyle and health care practices that will help to eliminate or minimize illness and disease. Preventive Services accomplishes this goal by conducting immunization programs, health inspection, health promotion, health education, health screening, contact tracing and investigations as required by the *Health Act, Community Care Facilities Licensing Act,* and other related legislation.

The major health problems today are the chronic diseases of middle and later-age heart disease, stroke and cancer — all of which are greatly influenced by the environment and lifestyle choices of the individual. It is the responsibility of the staff of Preventive Services to identify problems and then devise and deliver effective programs to promote and enable maintenance of, or improvement in, health status and to encourage the avoidance of health risks.

Preventive programs are developed and administered by senior staff and divisional consultants in Victoria including the Assistant Deputy Minister, Executive Directors and the provincial Health Officer. Direct service is delivered through 16 provincially operated health units, municipal and regional health units in Vancouver, North Shore (North and West Vancouver), Richmond, Burnaby, New Westminster and the Capital Regional District, and the British Columbia Centre for Disease Control.

Professionals in the field include public health nurses, public health inspectors, nutritionists, dental hygienists, speech and hearing professionals and medical health officers.

Professionals at the British Columbia Centre for Disease Control include provincial laboratory professionals, pharmacists, sexually transmitted disease control nurses and medical practitioners, tuberculosis control nurses and physicians, kidney dialysis nurses, radiation inspectors, government medical doctors and nurses.

Some of the highlights of 1986/87 include:

- The measles outbreak in the Province, which started in 1985, continued into 1986, and required extensive efforts by staff to control.
- Provision of the booklet "Parents Guide to Selecting Day Care".
- Implementation of "Food Safe", a course of instruction about sanitation for food handlers.
- Inventory of 100 water systems with public health concerns. Seventy-five areas experiencing sewage disposal problems were identified and corrective measures required.
- Development of a comprehensive AIDS public awareness and information program for the public, health care workers and physicians.
- Revision of "Baby's Best Chance" perinatal booklet, which included consolidation of 42 Ministry booklets and pamphlets into a non-technical, easy-to-read format.
- Food budgeting and nutrition information provided to 750,000 households weekly for four months, through a joint venture with the private sector.
- Completion of Canada's largest dental survey of the adult population from which to establish a base line for future community health strategies. Completion of comprehensive data of 22,214 Grade 7 population from which to focus strategies for school based programs.

PROGRAM MANAGEMENT

Program Management involves program development, monitoring and evaluation for the activities of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health, Speech and Hearing, Health Education, Fitness and Vision. This function involves the Assistant

Deputy Minister, Provincial Health Officer, Executive Director of Prevention and Promotion and staff, and the Epidemiology Branch. These officials provide the necessary administrative coordination and clinical expertise to deliver efficient and effective preventive health programs.

The directors and consultants of Public Health Nursing, Public Health Inspection, Nutrition, Dental Health, Speech and Hearing develop, co-ordinate, and evaluate programs delivered by staff in these professions who operate out of local health units (as detailed in the Field Operations section).

The remaining programs of Epidemiology, Health Promotion, Fitness, and Vision deliver their programs through Public Health Nursing and Nutrition field staff, and through community agencies and volunteers.

Epidemiology

The role of Epidemiology staff is to review, analyze and report on the occurrence, distribution and types of disease and to consult on intervention procedures to control disease. A report entitled "Disease Surveillance" is published every four weeks, containing epidemiological analyses on current topics.

TABLE 13

Reported communicable diseases, British Columbia, 1982–1986

Disease	1982		1983		1984		1985		1986	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Amebiasis	75	2.7	180	6.4	203	7.1	385	13.3	403	13.9
Botulism	2	0.1	7	0.3	1	*	25	0.9	1	*
Brucellosis	—	—	2	0.1	1	*	—	—	—	—
Diphtheria	1	*	—	—	—	—	—	—	1	*
Giardiasis	145	5.2	776	27.5	870	30.4	1219	42.2	2052	70.6
Hepatitis A	295	10.6	179	6.4	253	8.8	236	8.2	159	5.5
Hepatitis B	18	0.6	70	2.5	170	5.9	371	12.8	378	13.0
Leprosy	4	0.1	—	—	—	—	1	*	—	—
Measles	51	1.8	72	2.6	1,139	39.7	1,748	60.4	7,148	246.1
Meningitis-Bacterial	65	2.3	101	3.6	115	4.0	105	3.6	17	0.6
Meningitis-Viral	42	1.5	23	0.8	69	2.4	29	1.0	34	1.2
Pertussis	212	7.6	88	3.1	32	1.1	89	3.1	95	3.3
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rabies	—	—	—	—	—	—	1	*	—	—
Rubella	79	2.8	180	6.4	119	4.2	890	30.8	374	12.9
Salmonellosis	705	25.3	940	33.3	919	32.0	653	22.6	979	33.7
Shigellosis	186	6.7	151	5.4	134	4.7	133	4.6	120	4.1
Tetanus	2	0.1	—	—	1	*	2	0.1	3	0.1
Trichinosis	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid	7	0.1	17	0.6	3	0.1	6	0.2	10	0.3

Rates are per 100,000 population
* Rates not calculated for single cases.

Health Education

Health Education develops programs to enhance health care plans and intervention strategies targeted to at-risk populations.

Using modern communications strategies, credible health information is provided for individuals and groups to assist them toward lifestyles that reflect positive health behaviours.

Fitness

The Fitness Branch promotes increased participation in physical activity and lifestyle programs which lead to improved health for at-risk groups. Programs educate individuals and improve their motivation to engage in fitness activities, increase the availability of and accessibility to programs which encourage and support participation in fitness activities, and improve the social and physical environments which support participation.

Program activities are aimed at specific groups in the community, school systems and workplace. Specifically, target groups are at-risk elders, employees susceptible to back injury, youth prone to weight management concerns, sedentary employee groups, and the pre-retirement population. Specific professional and volunteer groups which are selected for leadership activities include: public health nurses, co-ordinators of pre-retirement seminars, directors of staff education in hospitals, nutritionists, teachers, and fitness leaders.

Vision Services

Emphasis is placed on early detection and treatment of vision problems. Program priorities are infant, preschool and kindergarten vision screening. Uncorrected refractive errors, amblyopia and stabismus can lead to permanent loss of vision in the affected eye if not detected and treated, preferably by age six. These abnormalities occur in approximately 4.5% of this age group.

Vision screening is conducted in the health units by public health nurses, nursing students, health unit aides, and volunteers.

FIELD OPERATIONS

Field Operations involves the direct service delivery of Preventive Services in all provincially operated health units, responsibility for the delivery of programs developed by Program Management staff, and reporting on the quantity and quality of programs delivered.

Field Administration

The senior clinical staff and senior administrative staff coordinate the delivery of all field programs. Included in this activity are the medical health officers, managers, administrative officers and all clerical support staff in the field.

Public Health Nursing

Public Health Nursing services foster provision of nursing service on a family-centred basis for individuals and groups, at home, at school, in public health centres and other community-based locations. Primary objectives of all programs are the promotion of good health practices and public education and support for personal involvement in one's own health care.

One of the primary objectives of public health nurses is to create an awareness of the need to achieve and maintain good health. Counselling is provided on healthy lifestyles and nutrition. Various methods are used to inform the public regarding wellness, such as seminars and group education. Public health nurses conduct immunization clinics to protect against influenza and other diseases preventable by vaccination.

An increasing portion of nurses' time is spent on the inspection of community care facilities to ensure that an acceptable standard of care is in place for the health, safety and well-being of children and adults in licensed care facilities. In addition, time is spent in investigation of complaints, in particular reports of alleged child abuse occurring in community care facilities.

Public Health Inspection

Public health inspectors are responsible for the administration of regulations under the *Health Act*. The objective is to document insanitary conditions or violations of prescribed standards and to achieve corrective action through instruction or enforcement, if necessary.

Inspections, which are carried out periodically or in response to complaints, involve food premises, public places, personal service establishments, housing and institutions, community care facilities, water supplies and sewage disposal systems.

Complaints of nuisances, offensive trade, insanitary conditions and vermin or pest infestations are investigated and corrective action is initiated. Reports of communicable, food-borne or water-borne illness are investigated and measures taken to eliminate the probable source and the mode of transmission.

Nutrition

Nutritionists in provincial health units work toward the goal of improving the nutritional status of British Columbians by promoting nutrition as it relates to overall health and the prevention of disease. Early intervention is emphasized with educational programs on nutrition for pregnancy and infant nutrition. Programs for the school-age child are directed toward improving nutrition education in schools as well as the nutritional quality of foods available at schools. Adult nutrition programs focus on worksite, restaurants, grocery stores and fitness centres. Nutrition and food service standards for adult care facilities are being promoted throughout the province.

Dental Health

The Branch's objectives focus on the development of maximum prevention of oral diseases through responsible individual behavior, including the promotion of lifetime preventive home-care skills, the encouragement of regular visits to the family dentist, the use of community and self-applied fluorides, and good nutritional habits.

The Branch also assists with the provision of dental treatment in areas which have no dentist through the Dental Extern service. Preventive and treatment services are also organized for the handicapped, the elderly and for those confined to institutions, in cooperation with the College of Dental Surgeons of British Columbia.

Services are provided by regional teams composed of supervising dental hygienists, staff dental hygienists and dental assistants. School programs are the main focus, so that the opportunity provided by classrooms can be used to teach and motivate young people about prevention and control of dental diseases. Children's teeth are checked and referrals are made to parents if the need for treatment is evident. This system is also used to monitor the dental health of children at specific grade levels.

Speech and Hearing

Speech-language pathologists, audiologists, and audiometric technicians in community health unit offices continued to make progress toward the goal of eliminating or measurably reducing the effects of communication disorders related to speech, language, and hearing impairments.

With a continued emphasis on preschool-aged children and the prevention of long-term problems, speech-language pathologists delivered service with an annual success rate of remediating and dismissing cases in excess of 50%. The priority audiologic services include school hearing screening of children and infant high-risk hearing register screenings, with provision of follow-up services.

The Branch also operates the British Columbia Hearing Aid Program, to provide hearing devices to all areas of the Province (outside of parts of the Lower Mainland and Victoria) at a competitive price.

TABLE 14

Preventive Services — Field Operations
Program delivery statistics, 1985/86 and 1986/87

	1985/86	1986/87
Public Health Nursing		
Immunization at the end of Grade 1		
Diphtheria/Pertussis/Tetanus	95%	95%
Polio	96%	96%
Measles/Mumps/Rubella	96%	97%
Immunization of Two Year Olds		
Diphtheria/Pertussis/Tetanus	68%	68%
Polio	68%	81%
Measles/Mumps/Rubella	87%	85%
Child Community Care Facilities Licensing		
Number of facilities	2,322	2,242[1]
Capacity	32,866	32,646[1]
Family Health Services		
Parents of new infants visited	26,058 (90%)	25,486 (89%)
Public Health Inspection		
Inspections — food premises, care facilities, camps, schools, etc.	29,352	32,742
Samples collected — drinking water, beaches, pools, etc.	28,496	30,867
Complaint investigations	7,034	6,542
Disease investigations	3,266	6,142
Consultations	98,612	104,942
Public meetings	4,702	5,469
Sewage permits issued	6,405	5,927
Sewage disposal installation inspections	13,856	15,071
Plans reviewed	16,039	18,946
Nutrition		
General Public		
Consultations	4,516	4,392
Media presentations	68	135
Professionals		
Consultations	3,328	3,034
Presentations	192	135
Continuing Care		
Consultations	1,372	1,274
Presentations	56	50
Assessments	224	109[2]
Computerized Nutrition Assessments	—	685
Dental Health		
Inspection/Referral/Education		
Student services	136,617	135,398
Pre-school services	6,170	15,025
Number of students/teachers/parents	5,836	1,664
Elderly services/General public	7,856	3,058
Number of facility residents	9,661	3,762
Parents-education and counselling	36,683	5,253
Speech and Hearing		
Persons served	121,938	123,157
Speech/language clients receiving remediation	1,360	1,217
Infants prevented from developing communication problems	138	140
Kindergarten and Grade 1 children prevented from developing communication disorders	978	1,138

[1]A streamlined computer system now provides more accurate data.
[2]Assessments done by community nutritionists decreased as facilities hired dieticians on staff.

BRITISH COLUMBIA CENTRE FOR DISEASE CONTROL

The British Columbia Centre for Disease Control (BCCDC) consists of a variety of services located in the Vancouver area, including the Divisions of Tuberculosis Control, Public Health Laboratories, Sexually Transmitted Disease Control, Government Employee Health Services, Medical Supply Service (Kidney Dialysis Service), and Radiation Protection Services. The headquarters and central service facilities in Vancouver include registries for venereal disease, tuberculosis, kidney dialysis service.

Provincial Laboratory

The Provincial Public Health Laboratories provide routine reference, referral and consultative services for the investigation, diagnosis, treatment and control of communicable diseases and for amelioration of environmental problems. The main laboratory is in Vancouver, with branches in Nelson and Victoria. The branch service in Victoria is provided by the Royal Jubilee Hospital's Laboratory under grant funding from the main laboratory.

Services include medical advice and laboratory tests for diseases caused by bacteria, fungi, parasites, viruses and other communicable agents, and related immunology, serology and environmental microbiology. Services are available to registered physicians, hospitals, health units and health-related agencies at all levels of government.

Sexually Transmitted Disease Control

The Branch is responsible for controlling the spread of sexually transmitted diseases throughout the province. There are three major phases in this program: (1) training, updating, and consultation are provided to public health nurses, who are responsible for sexually transmitted disease control on a regional basis; (2) treatment for sexually transmitted disease is provided at no cost through physicians, health units, and clinics and (3) a central clinic is operated by the Province in the City of Vancouver.

Tuberculosis Control

In accordance with the *Health Act* and the Regulations for the Control of Communicable Diseases, all phases of tuberculosis prevention and treatment in British Columbia are directed by this Branch. As well as providing various levels of out-patient care, the Branch offers consultative services to private physicians, and advises health units regarding contact tracing of active cases, supervision of cases under treatment, preventive measures and screening and surveillance. The Branch also cooperates with the Federal Government and other provinces and works particularly closely with Indian Health Services to control tuberculosis among native Indians.

Medical Supply Service/Kidney Dialysis Service

In 1986/87 initiatives based on the needs of clients with chronic treatable diseases were: to improve the medical supply service and nursing supervision to the clients' homes; to develop guidelines for the Home Parenteral Nutrition Program to include children; and to evaluate the existing Home Enteral Nutrition Program. Contracts were negotiated with private companies for medical supplies, delivery, warehousing, preventive maintenance and repair of equipment, as well as nursing support to home hemodialysis clients.

Government Employee Health Services

The Division of Government Employee Health Services is responsible for occupational health service to employees of the Provincial Government, B.C. Ferry Corporation, B.C. Buildings Corporation, and the Emergency Health Services Commission. The focus of activity

is to promote good health and safe working practices, to ensure that employees are safely capable of performing their assigned tasks, and to assist in assessment, rehabilitation, and monitoring of ill or injured employees. The Division works closely with senior management of ministries and crown corporations as well as with the Federal Government, Workers' Compensation Board, practicing physicians, and many other health care agencies.

Radiation Protection Services

The Radiation Protection Services Branch is the Government's authoritative point of reference concerning radiation hazards which may affect the public and workers in British Columbia. The staff conduct inspections of medical, industrial, and research x-ray devices, as well as lasers, ultraviolet, microwave, and radio frequency systems. Its laboratory performs analyses for the assessment of man-made and natural radiation hazards in the environment.

TABLE 15

Preventive Services — British Columbia Centre for Disease Control
Program delivery statistics, 1985/86 and 1986/87

	1985/86	1986/87
Provincial Laboratory		
Laboratory tests	672,867	1,118,309[1]
Workload units	14,554,358	10,602,112[1]
STD Control		
Patient visits — V.D. clinic	16,469	15,079
Patient visits — AIDS clinic	820	2,107
TB Control		
Number with active TB notified in year	340	348
Active TB starting drug treatment in year	297	322
Number on preventive drug treatment	857	921
Patient visits	47,016	47,803
Kidney Dialysis		
Patients enrolled	782	739
Dialysis treatments — Willow D. Unit	5,460	5,050
Limited care dialysis patients	45	31
Government Medical Services		
Employee visits to physicians	3,845	3,746
Employee visits to nurses	8,871	10,323
Radiation Protection		
Radiation surveys and follow-ups	1,074	1,420
Consultations and visits	792	2,142
Lectures and talks	31	64

[1] Canadian standards for counting laboratory tests and workload units are undergoing revision. The 1986/87 figures cannot be directly compared to those of 1985/86 and do not reflect a reduction in workload or service.

Community Care Services

COMMUNITY CARE SERVICES

During 1986/87, Community Care Services comprised five program areas: Alcohol and Drug Programs, Forensic Psychiatric Services, Mental Health Services, Division of Vital Statistics and Services To The Handicapped. Under the direction of the Assistant Deputy Minister, the mandate of Community Care Services is to manage, develop and administer efficient and effective programs within these areas, and in co-operation with other health services providers.

Alcohol and Drug Programs

Alcohol and Drug Programs is responsible for planning, funding and co-ordinating treatment and prevention programs related to the abuse of alcohol and other drugs.

The executive consists of the Executive Director, a Medical Advisor, five Regional Managers, the Director of Program Development and Prevention, and the Director of Support Services.

The province is divided into five regions: Region I — Lower Mainland, Region II — Fraser Valley, Region III — South/Central British Columbia, Region IV — Northern British Columbia, Region V — Vancouver Island and the West Coast. Regional services are provided through a system of care comprising out-patient counselling, detoxication services, and residential treatment.

During this fiscal period, Alcohol and Drug Programs continued its commitment to provide prevention and treatment programs which are responsive to community needs. By direct service, or by contractual arrangement, Alcohol and Drug Programs operated eight detoxication facilities, nine residential facilities, eleven supportive recovery homes, and 52 outpatient counselling centres.

The Support Services Division includes financial and staffing administration, evaluation, data systems, laboratory, and pharmacy services.

The Program Development and Prevention Division includes programming consultation on prevention and treatment issues, particularly for women, youth, seniors, Native people, and employee assistance programs. As well, media campaigns, library, audio-visual and public information materials are developed.

Public utilization of treatment services continued to remain high. In 1986/87 32,355 admissions were recorded. An estimated 120,000 persons in the province were considered unable to control their use of alcohol and drugs. Approximately one-fifth of this group utilized services provided by Alcohol and Drug Programs.

Alternate, joint funding, and cost-effective means of service delivery continued to be explored. Federal-Provincial cost sharing recoveries to the Province were estimated to be $7.6 million.

Program initiatives in 1986/87 include major evaluation reviews designed to improve program efficiency and effectiveness; initiatives in the area of Employee Assistance, and prevention programs in the alcohol and drug field.

Communication planning (which was developed in 1985/86) resulted in a family resemblance for Alcohol and Drug Programs' printed materials.

Alcohol and Drug Programs, with co-operation from Government Information Services, produced a series of four television and four radio commercials and posters, aimed at four specific target groups; family, workplace, elderly, and pregnancy. These commercials, to be aired at time slots provided by the Broadcasters Association of British Columbia, promote a health and prevention oriented approach to decisions regarding alcohol and drug use.

During 1986/87, initiatives for children and youth continued, among these being the production of a Youth Resources Manual which describes current resources offered by Alcohol and Drug Programs, and other agencies funded by Alcohol and Drug Programs. Treatment services for families and adolescents continued to be enhanced. Alcohol and Drug Programs also assisted the Kaiser Substance Abuse Foundation with the development of the Directory of Substance Abuse Services in British Columbia.

Innovative programming includes Alcohol and Drug Programs representation of the Ministry of Health on the Continuing Committee for Traffic Safety; numerous community education programs; groups for the adult children of alcoholics; and adaptation of programs to meet changing health concerns such as those arising from AIDS and changing drug use patterns.

TABLE 16

Alcohol and Drug Programs
Utilization statistics

Region	Detoxication Facilities		Residential Facilities		Outpatient Counselling		Supportive Homes		Total Regional Agencies	
	85/86	86/87	85/86	86/87	85/86	86/87	85/86	86/87	85/86	86/87
GREATER VANCOUVER										
Admissions	13,112	11,887	97	94	2,854	3,167	2,615	2,415	18,678	17,563
Individuals	6,405	6,219	106	104	3,270	3,594	1,925	1,860	11,706	11,777
No. of agencies	3	4	1	1	8	10	7	7	19	22
FRASER VALLEY										
Admissions	1,218	1,122	678	651	1,117	1,186	365	339	3,378	3,298
Individuals	1,095	1,038	721	693	1,237	1,334	418	385	3,471	3,450
No. of agencies	1	1	2	2	4	5	2	2	9	10
SOUTH CENTRAL										
Admissions	910	994	569	576	2,352	2,511	143	155	3,974	4,236
Individuals	669	769	625	622	2,753	2,882	143	155	4,190	4,428
No. of agencies	1	1	2	2	13	14	1	1	17	18
NORTHERN B.C.										
Admissions	1,005	954	197	166	1,462	1,556	—	—	2,664	2,676
Individuals	609	633	209	181	1,703	1,770	—	—	2,521	2,584
No. of agencies	1	1	1	1	14	14	—	—	16	16
VANCOUVER ISLAND AND WEST COAST										
Admissions	1,478	960	475	476	2,165	3,028	96	118	4,214	4,582
Individuals	796	731	513	521	2,428	3,212	102	127	3,839	4,591
No. of agencies	1	1	3	3	9	9	1	1	14	14
TOTAL ALL REGIONS										
Admissions	17,723	15,917	2,016	1,963	9,950	11,448	3,219	3,027	32,908	32,355
Individuals	9,574	9,390	2,174	2,121	11,391	12,792	2,588	2,527	25,727	26,830
% Admissions Service	53.9%	49.2%	6.1%	6.1%	30.2%	35.4%	9.8%	9.3%	100%	100%

Notes to Utilization Table

1. The figure for "admissions" represents each entry into the system, and includes readmissions.
2. The figure for "individuals" represents the actual number of clients in the system, and may include a carry-over of active caseloads from the previous year.
3. The table shows only client admissions. In addition, Alcohol and Drug Programs provided counselling and other treatment services to "collaterals", that is, to family members or friends of clients. In 1985/86, there were 2,743 collateral admissions in addition to 32,908 client admissions. In 1986/87, there were 3,087 collateral admissions in addition to 32,355 client admissions.

Forensic Psychiatric Services Commission

The Commission was established by an Act of the Legislature in 1974 to provide psychiatric services to mentally disordered offenders who are involved in the justice system.

Specifically, the Commission provides: assessment of individuals remanded by the court for psychiatric examination; diagnosis and treatment of individuals found "unfit to stand trial" or "not guilty by reason of insanity"; and diagnosis and treatment of persons who become mentally ill while in custody. It is also responsible for developing research programs and providing consultation to agencies and institutions in the correctional system.

The Commission consists of not fewer than five members, appointed by the Lieutenant-Governor in Council, and is administered by an Executive Director.

Forensic Psychiatric Services

Forensic Psychiatric Services carries out the responsibility of the Forensic Psychiatric Services Commission, and it has three branches: Adult Services, Juvenile Services and the Maples, to provide psychiatric and psychological assessment services to the courts, and provides diagnosis, treatment and, in some cases, custody for individuals ordered into treatment as a result of conflict with the law.

Adult Services provides assessment and treatment services on an in-patient basis at the Forensic Psychiatric Institute, a secure facility located at Colony Farm, Port Coquitlam, and on an out-patient basis at established clinics in Vancouver and Victoria, and travelling clinics in Prince George and Kamloops.

Juvenile Services to the Courts, under the *Young Offenders Act*, provides out-patient services through clinics located in Vancouver and Victoria, and travelling clinics in Prince George, Kamloops and Campbell River. These services include pre-trial assessments, court ordered pre-sentence disposition assessments, and special treatment programs for young offenders.

During 1986/87, Forensic Psychiatric Services continued to provide court-ordered psychiatric assessment and treatment of accused or convicted adults at its two out-patient assessment and treatment clinics. Services to adolescents were expanded through the Juvenile Services to the Courts clinics in Burnaby and Victoria.

The Maples Adolescent Treatment Centre in Burnaby is a designated provincial mental health facility providing both secure and open residential treatment for psychiatrically ill adolescents. Full educational programs are provided on-site by the Burnaby School Board in cooperation with the Ministry of Education. Admittance is determined under the *Mental Health Act* from a variety of government sources, and by professionals in medical and mental health services. Adolescents who are found unfit to stand trial or who are found not guilty by reason of insanity are also referred to the Maples.

The mandate of Program Support Services is to develop and maintain a cross-program human, financial and information resource base and planning capability that is responsive and relevant to the demands of the Forensic Psychiatric Services Commission, and Ministry and Branch programs.

TABLE 17

Forensic Psychiatric Services
Utilization statistics

Adolescent Services	1985/86	1986/87
Maples Adolescent Treatment Centre		
Residential		
Admissions	64	57
Discharges	62	64
Day Program		
Admissions	18	20
Discharges	20	17
Number receiving treatment during year	145	109
Active treatment at end of year	70	56
In-patient	60	53
Out-patient	10	3
Referrals	118	90
Bed Utilization		
Beds available	68	68
Bed days available	21,900	23,382
Percentage utilization	89.7%	80.6%
Juvenile Services to the Courts		
In-patient Assessment Unit		
Persons assessed	157[1]	303[2]
Burnaby Clinic		
Persons assessed	217	413[2,3]
Persons treated	151	429[2,3]
Victoria Clinic		
Persons assessed	137	209[2]
Persons treated	142	361[2]

Adult Services	1985/86	1986/87
Forensic Psychiatric Institute		
Admissions	315	337
Discharges	300	311
Average population	103	114
Total remand days	5,615	6,053
Total *Mental Health Act* days	4,863	4,575
Total patient days	37,496	40,966
Percentage utilization	84.9%	92.7%
Vancouver Clinic		
Referrals	591	607[3]
Assessments	129	306[3]
Activations	582	737[3]
Closures	561	570
Victoria Clinic		
Referrals	156	183[3]
Assessments	133	272[3]
Activations	156	175[3]
Closures	142	144

[1] New program April 16, 1985.
[2] Program enhancement, April 1, 1986.
[3] New program, April 1, 1986.

Mental Health Services

The Mental Health Services Division is responsible for ensuring that the mental health system in British Columbia provides efficient and effective care to residents of the province with mental disorders, regardless of where they live or their socio-economic status. This task is accomplished through direct service delivery and by the over-all co-ordination of the mental health system, including services delivered by other divisions, ministries and private and voluntary agencies.

Services to the three demographic groups (children, adults, and the elderly) are delivered through several specific programs: Acute Care and Adult Services, Rehabilitation and Services to the Elderly, Child and Youth Services, Community Residential, Rehabilitation and Alternate Care. These services are delivered by multi-disciplinary professional teams at Riverview Hospital, Burnaby Psychiatric Services, and 35 mental health centres and 20 sub-offices located throughout the province. In addition, the Division provides a major operating grant to the Greater Vancouver Mental Health Service Society.

Mental health programs are organized to achieve service objectives in four primary areas:

(1) *Rehabilitation*

Mental health services are organized to help individuals with persistent or chronic mental disorders to achieve as high a level of adjustment as possible following acute or active treatment intervention.

(2) *Treatment of Mental Disorders*

Programs are organized to provide early identification of mental problems, and prompt adequate treatment in order to prevent subsequent deterioration and to limit disabilities. Clinical services are intended to protect life, control aberrant behaviour, reduce and control symptoms, restore previous levels of functioning, and ensure that basic health, nutrition, hygiene, safety and housing needs are met.

(3) *Promotion of Mental Health*

A philosophy of health is promoted that emphasizes individual responsibility for applying knowledge, behaviors, and techniques to promote and maintain physical, social and mental health.

(4) *Prevention of Mental Illness*

Health education activities and consultation are directed at identifying social, personal and behavioral factors which contribute to the incidence of mental disorders and to the duration and relapse of mental illness.

Service priorities are developed and established through needs assessments involving Ministry staff, collaborating outside professionals and community agencies. The ultimate goal is to reduce service duplication and develop a comprehensive care system.

For the Mental Health Services Division, the major priority is the active treatment and care for people of all ages who are experiencing the most serious mental disorders. These tend to be schizophrenic, paranoid, and other psychotic disorders, but do not exclude affective and some organically-based disorders.

Expanded services to children and youth with mental and emotional disorders were announced this year. Additional staffing in and Mental Health Centres and grants to community agencies were made available. An estimated 20% increase in the number of children receiving service from Mental Health Services was experienced this year. Services offered to children include clinical assessment, treatment and consultation to parents, schools and others involved in providing care.

Systematic development of services pursuant to the *Young Offenders Act* continued as additional professional clinical services were made available in communities outside of Victoria and Vancouver to augment services which the Forensic Psychiatric Services Commission provides.

Mental Health Services continued to consult with all interested parties regarding plans to develop community based mental health facilities in replacement of the Riverview hospital. A consultation report on the draft plan to replace Riverview Hospital was released this year and copies are available from Mental Health Services in Victoria.

TABLE 18

Mental Health Services
Utilization statistics

	1983/84	1984/85	1985/86	1986/87
Mental Health Centres (including Burnaby Day Program)				
Admissions	12,491	14,209	14,919	23,390
Separations	10,804	11,323	11,889	18,923
Total Caseload[3]	18,418	21,304	23,434	31,344
Riverview Hospital				
Admissions	985	987	893	824
Separations	1,098	1,156	907	890
Bed Days	294,962	318,519	294,998	289,514
Average occupancy per day	806	873	808	793
Valleyview Hospital[1]				
Admissions	—	—	190	171
Separations	—	—	169	156
Bed Days	—	—	134,812	131,710
Average Occupancy Per Day	—	—	369	360
Burnaby Psychiatric Services				
In-patient				
Bed Days	8,551	7,574	7,456	7,441
Total Caseload	434	396	366	361
Greater Vancouver Mental Health Services				
Out-patient (Community Care Teams)				
Intake	4,674	5,150	5,436	5,341
Admissions	2,249	2,591	2,615	2,750
Separations	2,214	2,379	2,833	2,478
Average Caseload	3,513	3,500	3,375	3,416
In-Patient				
Admissions	422	452	477	481
Separations	421	451	476	472
Bed Days	5,844	5,883	6,006	5,991
Community Residential Care				
Beds occupied per day (average)	1,450	1,495	1,690[2]	1,800

[1] Transferred to Mental Health Services in 1985.
[2] Includes 163 transferred facilities.
[3] Apparent increases due in part to more accurate automated data collection system.

Vital Statistics

The Division of Vital Statistics is responsible for the administration of the *Vital Statistics Act, Marriage Act, Name Act* and Part II of the *Wills Act.*

The *Vital Statistics Act* governs the registration of births, deaths, stillbirths and marriages, and the controlled issuance of certificates and photocopies of registrations. Procedures account for delayed registrations of vital events, effecting changes, corrections and cancellations of registrations, and amendments due to adoption events.

The *Marriage Act* provides for the registration of ministers to solemnize marriage in British Columbia, the issuance of marriage licenses, and the solemnization of civil marriages. The Act deals with various irregularities in marriage, upholding of caveats against a marriage, validation of marriage, and the issuance of orders of re-marriage.

The *Name Act* provides for processing legal changes of name, including the election of a bride to retain her maiden surname, and the issuance of certificates of name changes.

The *Wills Act* provides for receiving and registering notices of the filing of wills and revocation or relocation of wills. It also makes provision for searches of will notices following the death of a testator and for issuance of certificates respecting notices on file.

The Division of Vital Statistics provides statistical information to Ministry of Health, other Government agencies and health professional for planning and research purposes.

TABLE 19

Registration, certificates, and other documents processed by Division of Vital Statistics, 1985/86 and 1986/87

	1985/86	1986/87
Registrations accepted under Vital Statistics Act[1]		
Birth registrations	43,695	42,615
Death registrations	21,739	20,634
Marriage registrations	23,011	20,808
Materials issued by the central office		
Certificates issued[2]	122,615	97,912
Photographic copies	22,510	24,199
Miscellaneous services[3]	5,882	8,568
Wills, filed	72,182	72,121
Wills, searches	12,077	13,564
Marriage licenses		
Vancouver	5,036	5,728
Victoria	2,179	2,226
Total Revenue	$2,830,000	$2,901,436

[1] Approximate.
[2] Includes births, deaths and marriages.
[3] Includes changes, legitimations, etc.

TABLE 20

Summary of births, deaths, marriages and infant mortality British Columbia, 1986[1]

	1986	
	Number	Rate
Live births[2] (rate per 1,000 population)	41,812	14.5
Deaths[2] (rate per 1,000 population)	20,985	7.3
Marriages[2] (rate per 1,000 population)	21,820	7.6
Stillbirths[3] (rate per 1,000 total births)	309	7.4
Perinatal deaths[4] (rate per 1,000 total births)	473	11.2
Infant deaths[5] (rate per 1,000 live births)	340	8.1
Neonatal deaths[6] (rate per 1,000 live births)	194	4.6
Early neonatal deaths[7] (rate per 1,000 live births)	164	3.9

[1] Events for calendar year of 1986.

[2] B.C. population from 1986 census estimated at 2,889,207 for June1, 1986.

[3] The definition of a stillbirth was revised in 1986. Prior to that time, stillbirths had a gestational age of at least 20 weeks. Since 1986 the definition of a stillbirth has been expanded to include any fetus with a weight of 500 grams or more, as well as those with a gestational age of at least 20 weeks.

[4] Stillbirths and infant deaths under seven days of age.

[5] Deaths of infants under one year of age.

[6] Deaths of infants under 28 days old.

[7] Deaths of infants under seven days old.

TABLE 21

Twelve leading causes of death British Columbia, 1986[1]

Cause of Death	1986		
	Rank	Number	Rate
Diseases of Heart	1	6,297	217.9
Malignant Neoplasms	2	5,540	191.7
Cerebrovascular Diseases	3	1,688	58.4
Accidents (excludes: suicide & homicide)	4	1,238	42.8
Pneumonia	5	781	27.0
Diseases of Arteries	6	579	20.0
Suicide	7	425	14.7
Diabetes	8	319	11.0
Chronic Liver Disease & Cirrhosis	9	286	9.9
Emphysema	10	134	4.6
Certain causes of perinatal mortality	11	125	4.3
Chronic bronchitis	12	87	3.0

Rates per 100,000 population, based on census information for June1,1986. The numbers shown above do not include deaths to non-residents.

[1] Events for calendar year of 1986.

TABLE 22

Marriages by marital status of Bridegroom and Bride British Columbia, 1986[1]

Marital status of Bridegroom	Marital status of Bride			
	Single	Widowed	Divorced	Total
Single	13,328	132	2,065	15,525
Widowed	96	286	314	696
Divorced	2,370	245	2,983	5,598
Total	15,794	663	1,362	21,819

[1] Events for calendar year of 1986.

Services to the Handicapped

The Services to the Handicapped Division was established in May, 1986, to develop and fund community-based services for adults and children who are multiply handicapped with requirements for extended care levels of service.

The overall objective of the Division is to assist those persons served to be integrated within community settings in the least restrictive environment possible, given allocated resources. Both residential as well as day support programs are a primary method for ensuring a greater quality of life experience for these individuals. The Division, in consultation with the Ministry of Social Services and Housing, is primarily responsible for the coordinating and developing of community-based options for residents (who are a Ministy of Health responsibility), in Glendale Lodge and Woodlands, the two major institutions for the mentally handicapped.

In addition, the Associate Family Program was developed to allow children living in extended care facilities, where parents are unable to provide care, to return to the community and reside with care-giving associate families. Natural families are encouraged to remain actively involved with their children and do not relinquish guardianship responsibilities.

The Division also operates a toll-free telephone service known as the Resource Line. Anyone in British Columbia can use this service to seek information on programs for individuals with a handicap, or to identify service problems which have not been resolved at the local level. Staff assist the callers by providing information, selective referrals to appropriate programs or departments within government, or by dealing directly with the concerns raised. A primary objective of the Resource Line is to preclude British Columbians, unfamiliar with government, from having to go through a long process of identifying the appropriate place in government where their concerns can be dealt with.

In 1986/87, the Services to the Handicapped Division assumed responsibility for funding Glendale Lodge from the Ministry of Social Services and Housing. Glendale Lodge, operated by a society, provided residential care to more than 325 mentally handicapped adults. Glendale Lodge also provides support services including assessment, respite, day care, audiological services and travelling clinics, to individuals and service providers on Vancouver Island.

During the latter part of 1986, the Special Care Services Branch was incorporated into the Services to the Handicapped Division. This move consolidated several important programs for children with disabilities, enabling an enhanced Ministry response to pre-school children and their families in the areas of physiotherapy, occupational therapy, and speech therapy. In addition, grants are provided to agencies who provide programs and services that complement the objectives of the major programs funded within the Ministry of Health.

Institutional Services

INSTITUTIONAL SERVICES

Institutional Services comprises three major programs: Emergency Health Services, Continuing Care and Hospital Programs. Each is headed by an Executive Director who reports to the Assistant Deputy Minister, Institutional Services.

Emergency Health Services Commission

The Emergency Health Services Commission was established in July,1974, to provide ambulance services to the Province of British Columbia.

For operational purposes, the Province is divided into six regions, each under the supervision of Regional Managers. The Commission operates Vehicle Modification Depot to convert commercial vans into ambulances.

In 1986/87, the Emergency Health Services Commission operated 359 ambulances and support vehicles from 189 ambulance stations. Five Regional Dispatch Centres, located in Prince George, Kamloops, Nanaimo, Vancouver, and Victoria received the majority of the requests for ambulance service. The remainder of calls are received and dispatched locally. The Provincial Dispatch Centre, located in Victoria, coordinates long distance movements of patients by road and by air.

During the 1986/87 year, the Service responded to 240,029 ambulance calls, which represents an increase of 8.7 percent over the 1985/86 call volume. There were 8,700 long distance trips arranged through the Provincial Dispatch Centre; 3,145 by road and 5,555 by air. This represents a 10.9 percent increase in long distance road trips and patients transported by air over the 1985/86 fiscal year.

Air ambulance services are provided by the British Columbia Air Services Branch and supplemented by suitable charter aircraft companies when required. A permanent Airvac crew, consisting of Advanced Life Support and Infant Transport Team members is stationed in Vancouver, where the majority of calls originate or terminate. These crews are Emergency Medical Assistant III's who work a staggered shift pattern to accommodate peak requirement periods.

Although advanced paediatric training was planned for 1986/87, it was not completed in the fiscal year. Advanced airvac training was established and completed within the 1986/87 fiscal year.

Fees for ambulance services have historically been billed by charging a basic rate plus an amount per kilometre travelled for distances in excess of 40 kilometers. There are two basic billing rates; the applicable rate is determined by whether the patient is a resident of British Columbia or a non-resident. In 1986/87 the rates for residents were $28.00 for the first 40 kilometers plus .29/km. up to a maximum of $180.00. Rates for non-residents were $72.00, plus $1.37/km. with no maximum. There is no extra charge for air ambulance service or for trained escorts where these are approved prior to the journey.

Where possible, operations are confined to the Province. However, in certain instances because of geographical locations (such as those adjacent to the Alberta border) patients will be taken to Calgary or Edmonton hospitals at no extra charge. For non-residents, industrial accident victims, Workers'Compensation Board and other agency cases, charge for service is based on time and distance travelled.

Under contract, the Emergency Health Services Academy of the Justice Institute of British Columbia provides training to Commission employees. During the 1986/87 fiscal year, $1,057,000.00 was paid to the Academy, which provided approximately 30,037 student training days of instruction.

There are three levels of training provided to Commission employees: Emergency Medical Assistant I, 80 hours of training; Emergency Medical Assistant II, 240 hours of training; Emergency Medical Assistant III, up to 18 months of special training.

In 1986/87, the Commission employed 635 full-time ambulance driver/attendants, 59 full-time dispatchers and 59 full-time administrative and management personnel, plus an additional 2,000 or more part-time ambulance driver/attendants who work on a call-out basis.

The Commission expanded its review of low call volume stations resulting in the redeployment of some existing personnel to other areas. During the year, several ambulance accommodations were upgraded or relocated to more suitable locations.

The Commission acquired 72 van-style vehicles to replace part of the existing ambulance fleet. In addition, five support vehicles were also replaced. Conversion of basic vehicles into ambulances was completed by the Vehicle Modification Depot. An additional 75 van-style ambulances were ordered for conversion in 1987/88.

Considerable progress was made in the analysis and development of a program to improve and expand operational communications systems throughout the Province. The implementation in 1986/87 of these programs has significantly enhanced the ability to respond to service demands from the public. In 1987/88, the Emergency Health Services Commission is anticipating amalgamating and consolidating its five regional Dispatch Centres. This will result in three regional Dispatch Centres with enhanced capabilities in Victoria, Vancouver and Kamloops.

The Emergency Health Services Commission members work actively in the local communities to encourage citizen participation in pre-hospital care. Examples of this activity include training of the public in cardio-pulmonary resuscitation (CPR), visits to schools, distribution of children's emergency colouring books and an active public relations program with mall displays and information pamphlets.

Continuing Care Division

The Continuing Care Division consists of the Long Term Care, Home Nursing Care, and Community Physiotherapy Programs. These programs integrate health-care services for acutely ill, handicapped and infirm people of all ages, especially the elderly, into a single comprehensive range of services. The philosophy of the Continuing Care Division emphasizes the role of the family and the community, by involving the family, wherever possible, and by providing services to ensure that the individual and his family are able to cope where their own resources are not adequate.

The nature of the Continuing Care Division has required the establishment of a decentralized professional organization, with headquarters in Victoria providing over-all policy direction and control. Programs are delivered at the community level through 16 Provincial health units and 6 Municipal health departments. Field administrators based in each of the 21 local offices are responsible for the co-ordination and administration of programs in the community. This responsibility includes the identification of service needs, the development of societies or volunteer groups to initiate or expand resources, and the provision and co-ordination of services and resources within the community.

The Long Term Care Program is designed to assist adults with long-term, health-related problems to maintain an optimal level of independent functioning. Services may be provided in the home, the community, or in a residential care setting. The Continuing Care Division refers clients to appropriate agencies or programs, and purchases services on behalf of individuals eligible for Long Term Care Program benefits.

The Community Physiotherapy Program provides direct treatment, consultative and preventive services to clients in their homes, arranges provision of required equipment to cope with physical disabilities, and trains family members in assisting clients. There is no charge for services, but equipment such as wheelchairs, walking aids, and other devices is not funded by the program.

The Home Nursing Care Program provides professional nursing services delivered by Ministry of Health staff. Nursing care is provided to patients who are discharged early from hospital, who require home nursing care services as an alternative to admission to an acute care hospital, who are terminally ill, or who require in-home nursing services for chronic illness and disability. Families of these patients are also assisted.

The Long Term Care Program was able to achieve a significant increase of approximately 7 percent in the number of clients receiving Homemaker Services from the 1985/86 to the 1986/87 fiscal year.

Access to Adult Day Care services was increased with the opening of two new centres in Vancouver.

Through expanded outreach of the Home Nursing Care Program from established centres, a reported increase in clients of approximately 7 percent was achieved.

The Community Physiotherapy Program had a reported increase in clients of approximately 14 percent.

During 1986/87, the Continuing Care Division carried out major renovations to 10 facilities throughout the Province, totalling $3,917,415.

A multi-level residential care facility was opened at 100 Mile House during March of 1987. This facility has 20 Intermediate Care and 10 Extended Care beds.

Two major activities initiated in 1986/87 were a mandate review of the Continuing Care Division, and a business review to establish information system requirements. Both were scheduled for completion in 1987/88 and will provide the platform for the operation of the Continuing Care Division well into the future.

TABLE 23

Number of agencies[1] and clients[2] receiving institutional services 1986/87 fiscal year

Type of Institutions	Number of Institutions[1]	Number of Clients[2]
Personal and Intermediate Care Facilities[1]	251	19,512
Acute Hospitals	8	137
Licensed Private Hospitals	34	2,809
Family Care Homes	87	170
TOTAL	380	22,201[3]

[1] These are agencies receiving payment. When an agency has changed ownership, it is counted once for each owner receiving payment during the year.

[2] Each client is counted once for each type of institution from which care was received. Numbers are not additive as some clients may have received service from more than one institution.

[3] Unique clients.

TABLE 24

Number of agencies[1] and clients[2] receiving community services 1986/87 fiscal year

Type of Community Service	Number of Agencies[1]	Number of Clients[2]
Homemakers	132	43,673
Adult Day Care	46	4,396
Group Homes	17	231
Home Nursing Care	86	32,373
Community Physiotherapy	51	7,473
TOTAL	332	69,979[3]

[1] These are agencies receiving payment. In some cases an agency may operate more than one centre where service is provided. Home Nursing Care and Community Physiotherapy Programs are directly operated by the Ministry of Health. The "Number of Agencies" here refers to the number of offices and sub-offices in British Columbia reporting provision of service during the year.

[2] Each client is counted once for each type of community services from which care was received. Numbers are not additive as some clients may have received more than one type of service.

[3] Unique clients.

TABLE 25

Care levels based on paid client days for institutional services 1986/87 fiscal year

Care Level	Personal and Intermediate Care Facilities	Acute Care Hospitals	Licensed Private Hospitals	Family Care Homes	Total
Personal Care	840,197	0	1,112	1,091	842,400
%	15.70	0.00	0.16	3.31	13.86
Intermediate Care 1	1,855,855	4,235	21,887	7,756	1,889,733
%	34.69	31.39	3.22	23.54	31.10
Intermediate Care 2	1,471,315	4,291	65,685	9,473	1,550,764
%	27.50	31.81	9.67	28.75	25.52
Intermediate Care 3	924,783	4,085	292,838	10,090	1,231,796
%	17.28	30.28	43.13	30.62	20.27
Extended Care	258,254	879	297,507	4,539	561,179
%	4.83	6.52	43.81	13.78	9.24
Total	5,350,404	13,490	679,029	32,949	6,075,872
%	100	100	99.99	100	99.99

TABLE 26

Care levels based on paid client days or hours for community services 1986/87 fiscal year

Care Level	Homemakers[1]	Adult Day Care[2]	Group Homes[2]
Personal Care	1,478,999	33,355	14,538
%	30.25	27.33	21.60
Intermediate Care 1	1,350,963	46,226	15,530
%	27.63	37.88	23.08
Intermediate Care 2	846,580	27,313	9,867
%	17.31	22.38	14.66
Intermediate Care 3	417,378	8,120	3,035
%	8.54	6.65	4.51
Extended Care	795,935	7,018	24,323
%	16.28	5.75	36.14
Total	4,889,855	122,032	67,293
%	100.01	99.99	99.99

[1] Figures represent hours of service.
[2] Figures represent days of service.

TABLE 27

Sex breakdown of clients[1] receiving institutional care 1986/87 fiscal year

Type of Institution	Female	Male	Total
Personal & Intermediate Care Facilities	12,935 (66.29%)	6,577 (33.71%)	19,512 (100%)
Acute Hospitals	79 (57.66%)	58 (42.34%)	137 (100%)
Licensed Private Hospitals	1,999 (71.16%)	810 (28.84%)	2,809 (100%)
Family Care Homes	88 (51.76%)	82 (48.24%)	170 (100%)

[1] Each client is counted once for each type of institution from which care was received.

TABLE 28

Sex breakdown of clients[1] receiving community services 1986/87 fiscal year

Type of Community Service	Female	Male	Total
Homemakers	30,869 (70.68%)	12,804 (29.32%)	43,673 (100%)
Adult Day Care	2,976 (67.70%)	1,420 (32.30%)	4,396 (100%)
Group Homes	91 (39.39%)	140 (60.61%)	231 (100%)
Home Nursing Care	18,779 (58.01%)	13,594 (41.99%)	32,373 (100%)
Community Physiotherapy	4,862 (65.06%)	2,611 (34.94%)	7,473 (100%)

[1] Each client is counted once for each type of community service from which care was received.

TABLE 29

A comparison of the sex breakdown of clients[1] receiving institutional and community services 1986/87 fiscal year

Type of Service	Female	Male	Total
Institutional Services	14,821 (66.76%)	7,380 (33.24%)	22,201 (100%)
Community Services	45,197 (64.59%)	24,782 (35.41%)	69,979 (100%)
Continuing Care Services	57,101 (65.13%)	30,565 (34.87%)	87,666 (100%)

[1] Each client is counted once within each type of institutional and community services. Continuing Care Services refers to unique clients.

TABLE 30

Age breakdown[1] of clients[2] receiving institutional services 1986/87 fiscal year

Age Group	Personal and Intermediate Care Facilities	Acute Hospitals	Licensed Private Hospitals	Family Care Homes
0–19	0	1	0	3
	0%	0.73%	0%	1.76%
20–54	391	4	38	26
	2.00%	2.92%	1.35%	15.29%
55–64	892	4	108	9
	4.57%	2.92%	3.84%	5.29%
65–74	2,861	23	420	28
	14.66%	16.79%	14.95%	16.47%
75–84	7,477	64	1,017	56
	38.32%	46.72%	36.21%	32.94%
85+	7,891	41	1,226	48
	40.44%	29.93%	43.65%	28.24%
Total	19,512	137	2,809	170
	100%	100%	100%	100%

[1] Age as of April 1, 1986.
[2] Each client is counted once for each type of community service from which care was received.

TABLE 31

Age breakdown[1] of clients[2] receiving community services 1986/87 fiscal year

Type of Community Service		Age Category						
		0–19	20–54	55–64	65–75	75–84	85+	Total
Homemakers	#	14	2,486	3,766	12,052	17,877	7,478	43,673
	%	0.03	5.69	8.62	27.60	40.93	17.12	99.99
Adult Day Care	#	0	224	335	1,012	1,913	912	4,396
	%	0	5.10	7.62	23.02	43.52	20.75	100.01
Group Homes	#	0	203	20	6	1	1	231
	%	0	87.88	8.66	2.60	0.43	0.43	100
Home Nursing Care	#	1,475	7,604	4,495	7,820	7,927	3,052	32,373
	%	4.56	23.49	13.89	24.16	24.49	9.43	100.02
Community Physiotherapy	#	354	868	888	1,847	2,401	1,115	7,473
	%	4.74	11.62	11.88	24.72	32.13	14.92	100.01

[1] Age as of April 1, 1986.
[2] Each client is counted once for each type of agency from which care was received.

TABLE 32

A comparison of the age breakdown[1] of clients[2] receiving institutional and community services 1986/87 fiscal year

Age Group	Institutional Services	Community Services	Continuing Care Services
0–19	4 .02%	1,802 2.58%	1,806 2.06%
20–54	455 2.05%	10,119 14.46%	10,480 11.95%
55–64	1,000 4.50%	7,838 11.20%	8,670 9.89%
65–74	3,265 14.71%	18,040 25.78%	20,531 23.42%
75–84	8,441 38.02%	22,920 32.75%	29,368 33.50%
85+	9,036 40.70%	9,260 13.23%	16,811 19.18%
Total	22,201 (100%)	69,979 (100%)	87,666 (100%)

[1] Age as of April 1, 1986.

[2] Each client is counted once within each of institutional and community services. Continuing Care Services refers to unique clients.

Hospital Programs Division

Hospital Programs Division is responsible for overseeing the operation of acute-care, rehabilitation and extended-care hospitals in British Columbia. The role of this Division is essentially that of a funding agency, with practical responsibility for facility operations remaining with the institutions. Although ultimate responsibility rests with the Minister of Health, an "arms-length" relationship is maintained with the facilities. Hospital Programs' mandate is to ensure that the Provincial Government receives value for the funds expended and that the hospitals' output justifies the funding allocated to them.

In addition, the Division monitors the quality of care; develops long-range capital plans; monitors, reviews, and adjusts facility funding allocations; and provides an investigative service with regard to specific concerns about the delivery system itself. Hospital Programs works closely with hospital facilities to encourage the introduction of innovative management and staffing techniques, particularly those associated with multi-unit management and cost-shared services and equipment.

Provincial funding for the operation of acute-care and extended-care hospitals is provided pursuant to the *Hospital Insurance Act*. The total allocation of operating grants covers 81.4% of expenditures. The balance of hospitals' gross expenditures is covered by other income sources, including co-insurance charges to patients, and income from other agencies such as the Workers' Compensation Board and Medical Services Plan. No operating funds are requisitioned from local municipalities, although hospitals do receive donations from the public, which may be used at their discretion.

Since 1982, Ministry funding has been allocated on a global basis, whereby hospitals do not receive adjustments for either deficits or surpluses. Quarterly reviews of each facility's

performance are conducted, however, and adjustments to funding are made on a prospective basis to recognize workload changes and the hospital's efficiency, length of stay by patients, and other factors affecting the cost per weighted-patient-day in comparison to peer group hospitals.

Funding for hospital equipment is designated under the *Hospital Insurance Act* and Regulations, and administered and ranked through the Equipment Grants Secretariat of Hospital Programs. Hospitals are allocated blocked amounts twice annually to cover acquisitions of items costing $10,000 or less (items costing $500 or less are funded by hospitals from their operating funds). Equipment grants are paid as follows: 75% of total cost for imaging and laboratory diagnostic equipment; 33⅓% of total cost for other equipment; and 100% of total cost for designated provincial referral services.

Capital funding is grouped into four basic categories:

(a) Major projects: normally refers to projects with a value of $1 million or more; funding is shared 60% by the Province and 40% by the Regional Hospital District.

(b) Treasury Board minor projects: costing between $100,000 and $1 million; funding is shared 60% by the Province and 40% by the Regional Hospital District.

(c) Minor capital projects: costing between $1,000 and $100,000; funds are provided 60% by the Province and 40% by the hospital.

(d) Energy conservation projects: Hospital programs funds a 100% grant program for energy conservation projects (from $500 to $75,000) that meet a three-year pay-back criterion.

A total of $43,830,000 worth of planning and construction projects were completed in 1985/86 and $12,508,000 worth of projects were completed in 1986/87.

Hospital Programs was reorganized in 1987 and is now made up of three branches: Medical Consultation, Equipment Grants Secretariat, and five Regional Teams. Institutional, Administrative and Support Services and Facilities, Planning and Construction are now separate branches of Institutional Services headed by their own Executive Directors, but they continue to work closely with Hospital Programs.

The Regional Teams are responsible for providing the necessary Ministry contact with hospital boards and administration, ensuring adherence to quality of care and safety standards, and performing quarterly monitoring of hospital operations and financial allocations. This includes the investigation of anomalies and recommendations for their resolution, as well as recommendations for operating costs, capital costs, capital construction, and equipment purchases. Interactive relationships with the following groups are thus ensured:

(a) Hospital Boards: Hospitals are owned and operated by self-governing, autonomous societies or corporations, and their boards of management are responsible for the policies for day-to-day operations and for planning with the Ministry to establish the role of their facilities.

(b) Administrators: The majority of hospitals operate with an administrator responsible for the day-to-day operations of one or more facilities. These facilities may offer different levels of service.

(c) B.C. Health Association: This association is a voluntary agency of hospital trustees and administrators. Hospital Programs maintains an active role in several functions with the BCHA, most notably the Economics, Patient Care, and Computer Committees. Major policy changes being considered by the Ministry are normally discussed with the BCHA prior to implementation.

(d) B.C. Medical Association: The Ministry works closely and co-operatively with the BCMA through Continuing Advisory Subcommittees (CASC), Temporary Advisory Subcommittees (TASC), and Special Committees. These committees have a mandate to assess the types and appropriateness of specific services, as well as to make recommendations on provincial objectives and policies.

(e) University of B.C. Medical Faculty: A close, informal working relationship is maintained on a number of general issues. Formal co-ordination includes a joint provincial committee on Interns and Residents.

(f) Medical Appeal Board: The Ministry maintains an active, support relationship with this board, which consists of representatives from the College of Physicians and Surgeons, BCMA, BCHA, College of Dental Surgeons, plus five appointees of the Minister of Health.

(g) Other: Hospital Programs also maintains an active relationship with the following groups, which receive funding separately from that allocated to hospitals: Canadian Red Cross; Health Labour Relations Association; the Arthritis Society; B.C. Drug and Poison Information Centre; the B.C. Health Care Systems Society; and the B.C. Transplant Society.

In addition to these relatively formal interface mechanisms, Hospital Programs has taken an active informal role to further encourage co-operation between the Ministry and the field. These initiatives include: major seminar presentations to BCHA, B.C. Institute of Chartered Accountants, Union of B.C. Municipalities (Regional Hospital Districts); site visits by the regional teams; and travelling presentations to explain financial policies and procedures.

1986/87 Highlights

The B.C. Transplant Society was established in 1985 and has operated a successful program to promote organ donation and bring life saving transplantations to the forefront of public awareness. The Society will continue to expand the Organ Harvesting Program and to initiate multi-organ transplantation.

British Columbia has one of the highest rates of kidney transplantation in Canada. There were 98 transplants performed in the Province in 1986 and this number increased to approximately 140 in 1987. There were 34.1 kidney transplants performed per million population in 1986, compared to only 11.3 per million in 1985, which is an increase of over 200%.

British Columbia is one of the leaders in the introduction of high-tech equipment. In addition to the introduction of Computerized Tomography (CT) Scanners and Magnetic Resonance Imaging (MRI), the Province also has one of only two lithotripsy units in Canada.

There are 16 CT scanners in operation in British Columbia and by the middle of 1988 there will be 18 CT scanners serving the needs of the provincal population of 2.9 million.

Magnetic Resonance Imaging has brought significant improvements in creating images. The system is capable of viewing "slices" in any direction or plane, providing important new perspectives of structures previously seen in only one dimension. By the middle of 1988, there will be two MRI scanners in operation for clinical operation in British Columbia, one at Vancouver General Hospital, and the other at the Royal Jubilee Hospital in Victoria.

TABLE 33

Hospital Programs

Hospital construction projects completed, 1986/87

Hospital	Project	Cost
		$
Nanaimo Regional General	Interim Measures/Master Planning	2,250,000
Royal Inland, Kamloops	Psychiatric Unit	1,050,000
Abbotsford, M.S.A.	50 bed Extended Care Unit	2,473,000
New Aiyansh	Diagnostic and Treatment Centre	785,000
100 Mile House	Extended/Intermediate Care Unit	1,960,000
Williams Lake	50-bed Extended Care Unit	3,990,000
Total		$12,508,000

TABLE 34

Hospital patient separations according to responsibility for coverage and type of health care

	1982/83	1983/84	1984/85	1985/86	1986/87
(1) B.C. Public Hospitals (Total)					
Acute/Rehab.	411,640	420,280	423,509	418,266	429,643
Long Term Care	3,243	2,936	3,279	3,127	3,299
Extended Care	3,779	4,305	5,075	5,399	5,390
Newborn	44,402	44,736	45,048	44,683	43,701
(2) Covered by Hospital Programs (included above)					
Acute/Rehab.	397,460	406,841	410,482	405,528	415,824
Long Term Care	3,239	2,931	3,269	3,118	3,289
Extended Care	3,761	4,280	5,052	5,373	5,357
Newborn	43,532	43,943	44,288	43,920	42,829
(3) Percentage of total covered by Hospital Programs					
Acute/Rehab.	96.6	96.8	96.9	97.0	96.8
Long Term Care	99.9	99.8	99.7	99.7	99.7
Extended Care	99.5	99.4	99.5	99.5	99.4
Newborn	98.0	98.2	98.3	98.3	98.0

TABLE 35

Hospital patient days and utilization statistics according to responsibility for coverage and type of care.

	1982/83	1983/84	1984/85	1985/86	1986/87
(1) B.C. Public Hospital					
Acute/Rehab.	3,197,456	3,231,880	3,250,695	3,201,650	3,250,791
Long Term Care	227,366	199,657	204,589	225,321	257,738
Extended Care	2,091,632	2,245,750	2,448,842	2,490,848	2,544,869
Newborn	223,545	213,469	212,439	218,763	211,560
(2) Covered by Hospital Programs					
Acute/Rehab.	3,087,312	3,128,538	3,150,701	3,104,146	3,146,230
Long Term Care	227,101	199,329	203,937	224,670	256,991
Extended Care	2,081,758	2,232,831	2,437,620	2,478,871	2,529,443
Newborn	219,163	209,687	208,855	215,028	207,339
(3) Percentage of total covered by Hospital Programs					
Acute/Rehab.	96.6	96.8	96.9	97.0	96.8
Long Term Care	99.9	99.8	99.7	99.7	99.7
Extended Care	99.5	99.4	99.5	99.5	99.4
Newborn	98.0	98.2	98.3	98.3	98.0
(4) Average length of stay (in days)					
Acute/Rehab.	7.8	7.7	7.7	7.7	7.6
Long Term Care	75.5	62.9	62.8	65.3	70.1
Extended Care	478.1	448.5	419.2	409.1	402.9
Newborn	5.0	4.8	4.7	4.9	4.8

TABLE 36

Hospital Programs patient separations from B.C. hospitals and average length of stay (grouped according to bed capacity) 1986/87

	Total	250 beds and over	100 to 249	50 to 99	25 to 49	Under 25
Patient separations						
Acute/Rehab.	429,643	222,183	112,482	54,673	28,186	12,119
LTC in Acute	3,299	1,937	952	201	121	88
Extended Care	5,390	2,600	983	415	311	1,081
Newborn	43,701	17,608	17,620	5,050	2,487	936
Patient days*						
Acute/Rehab.	3,146,230	1,772,633	793,690	338,326	176,660	64,921
LTC in Acute	256,991	144,287	73,294	21,704	10,457	7,249
Extended Care	2,529,443	965,789	528,261	272,475	107,067	655,851
Newborn	207,339	88,894	84,015	21,593	9,515	3,322
Average length of stay (in days)						
Acute/Rehab.	7.6	8.3	7.2	6.5	6.3	5.2
LTC in Acute	70.1	68.9	70.6	72.7	83.5	64.5
Extended Care	402.9	330.3	439.8	540.6	327.1	490.0
Newborn	4.8	5.2	4.8	4.4	3.9	3.6

* Based on Hospital Programs patient days.

TABLE 37

Percentage distribution of Hospital Programs patient separations and patient days (grouped according to bed capacity) 1986/87

	250 beds and over	100 to 249	50 to 99	25 to 49	Under 25
Patient separations	%	%	%	%	%
Acute/Rehab.	51.71	26.18	12.73	6.56	2.82
Acute/Rehab./LTC in Acute	58.71	28.86	6.09	3.67	2.67
Extended	48.23	18.24	7.70	5.77	20.06
Newborn	40.29	40.32	11.56	5.69	2.14
Patient days					
Acute/Rehab.	56.35	25.23	10.75	5.61	2.06
Acute/Rehab./LTC in Acute	56.14	28.52	8.45	4.07	2.82
Extended	38.19	20.88	10.77	4.23	25.93
Newborn	42.88	40.52	10.41	4.59	1.60

TABLE 38

Summary of Hospital Programs outpatient treatments (visits) by category 1982/83 — 1986/87

	1982/83	1983/84	1984/85	1985/86	1986/87
Physiotherapy	645,418	687,939	707,359	672,459	673,392
Occupational therapy	75,907	88,044	92,640	97,671	84,764
Other therapy	27,588	35,953	47,501	43,894	44,013
Surgical daycare	108,507	118,472	130,890	141,531	148,839
Emergency short stay	1,128,538	1,121,400	1,109,659	1,198,119	1,276,486
Psychiatry: Day/Night	66,475	65,328	66,543	53,030	64,564
Diabetic daycare	10,463	12,684	14,930	16,122	21,339
Renal daycare	24,440	27,883	31,080	32,446	36,676
Psychiatry visits	42,009	48,300	50,127	56,643	50,703
Dietetic counselling	48,795	67,457	92,058	64,483	73,541
Special clinics	181,047	208,505	235,216	243,834	287,627
Other outpatient	161,866	193,586	233,023	215,338	187,876
ECG/EEG/Nuclear Med.	238,683	269,797	273,253	241,173	311,166
Ultrasound/CT scan/Diagnostic radiology	982,713	1,029,067	1,068,321	1,106,157	1,190,234
Therapeutic radiology	57,367	58,509	60,261	66,940	67,086
Respiratory therapy	33,460	36,628	43,998	73,680	91,845
Outpatient total	3,833,276	4,069,552	4,256,859	4,323,520	4,610,151

TABLE 39

Summary of Hospital Programs inpatient and outpatient contacts 1982/83 — 1986/87

	Total Admissions Acute/Rehabilitation and Extended Care	Estimated number of emergency daycare and outpatient visits	Total receiving benefits
1982/83	458,423	3,833,276	4,291,699
1983/84	469,371	4,069,552	4,538,923
1984/85	474,263	4,256,859	4,731,122
1985/86	467,831	4,323,520	4,791,351
1986/87	480,011	4,610,151	5,090,162

Ministry of Health Expenditures

TABLE 40

Ministry of Health
Expenditure by principal programs
For the fiscal years 1986/87 and 1985/86

	1986/87 $	1985/86 $
Statutory, FAA, Veteran's Hosp. Veteran's Hospital Agreement (*Financial Administration Act*)	0	43,071
Minister's Office	176,230	189,599
Management Operations	70,175,567	61,514,231
Preventive and Community Care Services		
Preventive Services	47,527,319	44,469,842
B.C. Centre for Disease Control	16,527,457	16,156,231
Vital Statistics	2,534,494	2,527,785
Forensic Psychiatric Services	17,339,503	15,845,628
Alcohol and Drug Programs	22,774,667	20,001,402
Mental Health Services	114,438,547	114,653,934
	221,141,987	213,654,822
Institutional Services		
Hospital Programs	1,532,430,109	1,441,190,761
Continuing Care	300,520,376	296,647,801
Emergency Health Serv. Comm.	52,349,801	56,162,835
	1,885,300,286	1,794,001,397
Medical Services Commission	986,811,333[1]	916,349,582[2]
Health Improvement Fund	119,960,923[3]	
Ministry of Health Totals	3,283,566,326	2,985,752,702

[1] The expenditure shown for the Medical Services Commission is the gross operating cost as detailed in the commission's financial statements. The actual charges were $563,393,888 to Vote 39 and $42,614,000 to the Health Improvement Fund. These payments covered the subsidy by the province for low-income residents and the deficit not funded by premiums and other revenues.

[2] The expenditure shown for the Medical Services Commission is the gross operating cost as in the Commission's financial statements. The actual charge to Vote 39 was $561,170,962 and covered the subsidy by the province for low-income residents and the deficit not covered by premiums and other revenue.

[3] The Health Improvement Fund was established in 1986/87 to provide $720,000,000 to maintain and improve health services over a three year period. This fund is used to finance adjustments to operating budgets, to meet health care utilization pressures, to improve hospital care and medical services, and to fund new initiatives in preventive and community health care.

Exhibit A

Medical Services Commission of British Columbia
Balance Sheet
as at March 31, 1987
(thousands of dollars)

	1987	1986
Assets		
Cash	$ 5,847	$ 9,699
Accounts receivable	6,559	3,880
Due from the Province of British Columbia	148,548	133,778
	$160,954	$147,357
Liabilities		
Accounts payable	$ 1,499	$ 4,098
Premiums received in advance	57,873	47,268
Estimated liability for unpresented and unprocessed benefit claims	101,582	95,991
	$160,954	$147,357

The accompanying notes are an integral part of these financial statements.

Approved by the Commission:
Dr. D.M. Bolton, *Chairman*

AUDITOR'S REPORT

To the Chairman of the
Medical Services Commission of British Columbia, and
To the Minister of Health
Province of British Columbia

I have examined the balance sheet of the Medical Services Commission of British Columbia as at 31 March 1987 and the statement of operations for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1987 and the results of its operations for the year then ended in accordance with the accounting principles described in Note 2, applied on a basis consistent with that of the preceding year.

ROBERT J. HAYWARD, C.A.
Acting Auditor General

Victoria, British Columbia
15 July 1987

Exhibit B

Medical Services Commission of British Columbia
Statement of operations
for the year ended March 31, 1987
(thousands of dollars)

	1987	1986
Revenue		
Subscribers' premiums	$380,803	$355,178
Premium assistance — Province of British Columbia	90,270	85,337
	471,073	440,515
Expenditure		
Benefits		
Medical care	897,498	830,936
Supplementary benefits	65,409	57,452
	962,907	888,388
Administration		
Data processing	7,612	11,371
General office	3,400	3,106
Salaries	12,892	13,484
	23,904	27,961
	986,811	916,349
Excess of operating expenditure over revenue	(515,738)	(475,834)
Contributions from the Province of British Columbia	515,738	475,834
	$ —	$ —

Medical Services Commission of British Columbia

Notes to Financial Statements for the year ended March 31, 1987

1. The Commission

   The Medical Services Commission was established, effective 1 July 1968, by the Government of the Province of British Columbia under the Medical Service Act and regulations, to administer and operate the Medical Services Plan.

2. Significant accounting policies

   These financial statements have been prepared in accordance with generally accepted accounting principles except that the cost of furniture and equipment is charged to administration expense in the year of acquisition.

3. Relationship with the Province of British Columbia

   The Ministry of Health absorbs certain costs such as accommodation charges, that are associated with the operations of the Commission.